MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTION	S			
b. Attach this certification. c. The results of the formust be attached to the Blood Test Urinalysis Chest X-R Drug Test Psycholog	ay	and reemployment. hysical/psychological	ysician.		
FOR	R THE PROPOSED A	PPOINTEE			
NAME (Last Name, First Name, Name Extension (if	AGI	AGENCY / ADDRESS			
ALAO, VIRGELIO MON	VISAYAS ST	VISAYAS STATE UNIVERSITY			
ADDRESS GABAS, BAYBAY CITY, LEYTE			Visca, Baybay City, beyte		
AGE SEX	CIVIL STATUS	PRO	POSED POSIT	ION	
33 MALE	MARRIEV	ASSISTAN-	T PROFESSOR	-1	
* 4. *					
FOR THE	LICENSED GOVERN	MENT PHYSIC	CIAN		
I hereby certify that I have revie above named individual and found hin					
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin IVy V. Yu, M.D. Chief of Hospital License No. 098800		0111211111	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Governm	ent Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE 10		
OFFICIAL DESIGNATION		DATE EXAMINED	liylin		