MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and reer c. The results of the following pre-employment medical/physical/pmust be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	mployment.
FOR THE PROPOSED APPOI	NTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Armein, Pomel B.	
Nisca, Bachay, Cepte	
AGE SEX CIVIL STATUS	PROPOSED POSITION
13 M Married	Prof. IT
× 1 ¢.	J
FOR THE LICENSED GOVERNMENT	PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached exam above named individual and found him/her to be physically and medically	ination results, personally examined the IT / □UNFIT for employment.

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			
Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	1786.	71-77	0 "
OFFICIAL DESIGNATION	DATE EXAMINE		
	1	1/4/16	