MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

a. This medical certificate should be accomplished by a licen b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physimust be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test	reemployment.	an.		
Neuro-Psychiatric Examination (if applicable) FOR THE PROPOSED APP				-
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		// ADDRES	SS	7
BACARINAO, MARIEDITH I.	VSU, VISON BATRAT			
ADDRESS BYG7- WARCOS RATRAY CITY	C117			
AGE SEX CIVIL STATUS	PROPOSED POSITION			1
33 F M	INSTRUCTOR III			
*) * (_
FOR THE LICENSED GOVERNME	NT PHYSICIA	N		
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination results, pei □FIT / □UNFIT for ei	rsonally e. mploymen	xamined the	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin W. Yu, M.D. El of Hospital Li cessoo	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	Bare Foot S	IGHT (KG) Stripped	BLOOD TYPE	مالام
OFFICIAL DESIGNATION	DATE EXAMINED	-5	~	+