OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licent 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 Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ACOMAY JAISY "HCAYO ADDRESS	VISAVAS STATE UNIVERSITY Visca BAYBAY CITY LEYTE
BRUY GABAS BAYBAY CITY AGE SEX CIVIL STATUS	PROPOSED POSITION
38 FEMALE MADRIED	
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached expression and individual and found him/her to be physically and medically	xamination results, personally examined the
SIGNATURE over PRINTED NAME/OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE

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DATE EXAMINED