## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:
  - ☐ Blood Test

  - ☐ Urinalysis ☐ Chest X-Ray
  - ☐ Drug Test
  - ☐ Psychological Test
  - ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

| AGE   |              |                  |                   |  |
|---|--------------|------------------|-------------------|--|
| 105   | SEX          | CIVIL STATUS     | PROPOSED POSITION |  |
| ADDRESS APT. WOLKIEBOURNE DRIVE, VSM, BAYBAY UTY                      |              |                  | LEYTE             |  |
| MA  | RE REV RHITE | VSU BAYBAY LITY, |                   |  |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) |              |                  | AGENCY / ADDRESS  |  |

## FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically |  |                         |               |
|--|--|-------------------------|---------------|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Elwin Jay V. Yu, M.D.   | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |                         |               |
| Chief of Hospital<br>License No. 098800  |  |                         |               |
| AGENCY/Affiliation of Licensed Government Physician:   |  | me                      |               |
| LICENSE NO.  | HEIGHT (M) Bare Foot \. 68 W                   | WEIGHT (KG)<br>Stripped | BLOOD<br>TYPE |
| OFFICIAL DESIGNATION   | DATE EXAMINE                                   | DATE EXAMINED           |               |
|  | NOVEMPSEK 19, 2019                             |                         |               |