## MEDICAL CERTIFICATE

(For Employment)

| 1 | N | S | T | R | U | C | T | 10 | N | S |
|---|---|---|---|---|---|---|---|----|---|---|

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

## FOR THE PROPOSED APPOINTEE

☐ Neuro-Psychiatric Examination (if applicable)

| NAME (Last Name   | e, First Name, Name Extens | sion (if any) and Middle Name) | AGENCY / ADDRESS  |  |  |
|-------------------|----------------------------|--------------------------------|-------------------|--|--|
| BALD              | OS , ANGELI                | CA , PAME                      | VISAYAS STATE     |  |  |
| ADDRESS<br>VISCA; | BAYBAY C                   | M, LEVPE                       | university        |  |  |
| AGE               | SEX                        | CIVIL STATUS                   | PROPOSED POSITION |  |  |
| 36                | F                          | M                              | ASSOC. PROF.      |  |  |

## FOR THE LICENSED GOVERNMENT PHYSICIAN

|  | 11/4/19  |                         |               |  |
|--|--|-------------------------|---------------|--|
| OFFICIAL DESIGNATION   | DATE EXAMINED                                  |                         |               |  |
|  | 114  | 525                     | ota           |  |
| LICENSE NO.  | HEIGHT (M)<br>Bare Foot                        | WEIGHT (KG)<br>Stripped | BLOOD<br>TYPE |  |
| AGENCY/Affiliation of Licensed Government Physician:   |  |                         |               |  |
| Elwin Jay V. Yu, M.D. Chief of Hospital  | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |                         |               |  |
| I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | DEFIT / DUNFIT                                 | for employme            | nt.           |  |