MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS				
	b. Attach this certifica c. The results of the formust be attached to the Blood Tes Urinalysis Chest X-R Drug Test Psycholog	t ay	reemployment.			
		R THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS			
BATISTEL, CHERYL C.			VISAYAS STATEUNIVERSITY BAYBAY CITY, LEYTT			
MAASINGCATY, SOUTHERN LETTE						
AGE	SEX	CIVIL STATUS	PRO	PROPOSED POSITION		
35	F	SIN6LE	ASSISTANT PROFESSOR IV			
	X II X					
	FOR THE	LICENSED GOVERNME	NT PHYSI	CIAN		
above named ind	ividual and found him	wed and evaluated the attached example to be physically and medically	camination result ☑FIT / ☐UNFIT	ts, personally e for employmer	examined the nt.	
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) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGN	ATION		DATE EXAMINE	D		