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	

FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name) BULAYOG, EMESTO FUENTS ADDRESS VSU, BAYBAY CMY AGE SEX CIVIL STATUS PROPOSED POSITION MAYMED ASSOC. PROF 5

FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically AFIT / UNFIT for employment. SIGNATURE OVER THE NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE Elwin lay V. Yu, M.D. Chief of Hospital PROPOSED APPOINTEE License No. 098800 AGENCY/Affiliation of Licensed Government Physician: m LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 48 53-7 0+ OFFICIAL DESIGNATION DATE EXAMINED 6