MEDICAL CERTIFICATE

(For Employment)

This medical certificate should b. Attach this certificate to origin	INSTRUCTIONS Id be accomplished by a licensed government physician and appointment, transfer and reemployment pre-employment medical/physical/psychological	
must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test	xamination (if applicable)	

FOR THE PROPOSED APPOINTEE

	ne, First Name, Name Exten	sion (if any) and Middle Name)		AGENCY / ADDRESS
ADDRESS S'UNFUM	NER DORMITORY	, USU, VISCA, BAYB	ty CATY	buans,
AGE	SEX	CIVIL STATUS		PROPOSED POSITION
22	F	SINGUE		(NSTRUCTOR)

FOR THE LICENSED GOVERNMENT PHYSICIAN

LICENSE NO. HEIGHT (M) WEI		
Bare Foot S		
Bare Foot S		
Bare Foot S		
Inches 5	GHT (KG) tripped	BLOOD TYPE
Isran 5	2 kgs.	BT
OFFICIAL DESIGNATION DATE EXAMINED	7	
8-7.	202	

Pip: