MEDICAL CERTIFICATE

(For Employment)

		Mr.			
		INSTRUCTIONS			
	b. Attach this certifica c. The results of the fi must be attached to the Blood Tes Urinalysis Chest X-R Drug Test Psychologian	ay	eemployment.	•	
	FOI	R THE PROPOSED APPO	INTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) PASCUAL , LYAN BEVERIO VENTULA ADDRESS			AGENCY / ADDRESS VISAYAS STATE UNIVERSITY, BAYBAM CITY, LEVIE, 6521		
	ANDADAM , BAYBA	44 CATY, LEYTE, 6521	279	am ons, and, us	7
AGE 35 y.o.	SEX	CIVIL STATUS SEPARATED		PUCTOR	
	FOR THE	LICENSED GOVERNMEN	IT PHYSI	CIAN	
I hereby ce above named indi	rtify that I have reviewidual and found him	ewed and evaluated the attached exa /her to be physically and medically 🗹	amination result	ts, personally examined to	the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLT, SUPNET GUINO) Medical Officer III License No. 111828			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation	of Licensed Governm	ent Physician:			
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) BLOOD Stripped TYPE	
OFFICIAL DESIGNATION			DATE EXAMINED		

12-15-23