Baguio,

AGE

28

Patag

SEX

7

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license. b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physismust be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Baquio, Jifanny Pacaldo	

FOR THE LICENSED GOVERNMENT PHYSICIAN

CIVIL STATUS

Single

I hereby certify that I have reviewed and evaluated the attached ea above named individual and found him/her to be physically and medically				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATIO PROPOSED API			
SARAH AMANA W. TARRACH, M.O.				
AGENCY/Affiliation of Licensed Government Physician:	no transfer and tr			
VSU Informany				
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
0153151	Bare Foot	Stripped 52.5V	TYPE A	
OFFICIAL DESIGNATION	DATE EXAMINED			
MEDICAL OPPICER III	8/12/21			

PROPOSED POSITION