MEDICAL CERTIFICATE

(For Employment)

		,	
		INSTRUCTIONS	
	b. Attach this c c. The results c must be attach Blo Urir Che	certificate should be accomplished by a licens ertificate to original appointment, transfer and rought the following pre-employment medical/physic ed to this form: od Test halysis est X-Ray g Test chological Test uro-Psychiatric Examination (if applicable)	eemployment. al/ psychological
NAME (Last Nam	ne, First Name, Name Exte	AGENCY / ADDRESS	
Valen	cia, April 6	sayle	
address 20ne 1	1, brgy. Gua	dalupe , Baybay City	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
28	F	single	Inchrictor

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached enabove named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLT, SUPNET-GUNOROW, M.D., Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
VSu HOSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
11(828	154cm	83.2Kg	A+
OFFICIAL DESIGNATION	DATE EXAMINED		
MEDIZAL OFFIZAN II	8-8-19		