MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physimust 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
ECTPORAT MARIA FATIMA BOHOL	vivayor state university
ADDRESS Bray Baybay City Leyte	
AGE SEX CIVIL STATUS	PROPOSED POSITION
26 Female ringle	Carva
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached exapove named individual and found him/her to be physically and medically.	amination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	
Ω_{-}	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
JOSEPHINE O. XAFICO, M.D.	
AGENCY/Affiliation of Licensed Government Physician:	- ·
VII Horpital	
0 756 99	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE TYPE
Medical officer a	DATE EXAMINED