LICENSE NO.

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

| | | (For Employment) | |
|---|---|--|--|
| | | | |
| INSTRUCTIONS | | | |
| | b. Attach this certific c. The results of the must be attached to Blood Te Urinalysis Chest X-I Drug Tes Psycholo | st s Ray | employment. |
| | FO | R THE PROPOSED APPO | INTEE |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) | | | AGENCY / ADDRESS |
| MANGADANG, EUGENE VAL, DELA CRUZ | | | Visayors State University, |
| ADDRESS Mangavang's Cottage, VSU, Baybony City, Leyte | | | Baybay City, leyte |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 29 | M | S | Instructor |
| above named in SIGNATURE over | certify that I have revi adividual and found hi | m/her to be physically and medically (I ENSED GOVERNMENT PHYSICIAN NOCOR, M.D. | mination results, personally examined the |
| above named in SIGNATURE over | PRINTED NAME OF ACTIVITY (HRISTLT, SUPNET-GW) Medical Officer License No. 111 | m/her to be physically and medically (I ENSED GOVERNMENT PHYSICIAN NOCOR, M.D. | FIT / UNFIT for employment. OTHER INFORMATION ABOUT |

BP: 110/80

WEIGHT (KG) Stripped

24. Des. 8

HEIGHT (M) Bare Foot

167

DATE EXAMINED

BLOOD TYPE O