MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b. Attach this certifica c. The results of the formust be attached to the Blood Tess Urinalysis Chest X-R Drug Test Psycholog	ay	employment.
	FOR	R THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
PUBO SA, LOREGIN SALILI			
ADDRESS Sanika Apt.	Brgy. Guadalupe	Baybay City Leyte	Vicangae Starte University
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
28	Femalt	Single	Regular - Temporary
	FOR THE	LICENSED GOVERNMEN	T PHYSICIAN
		wed and evaluated the attached example with the stacked example. The stacked example with the stacked example with the stacked example.	mination results, personally examined the TT / □UNFIT for employment.
SIGNATURE over F	PRINTED NAME OF LICI	ENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

I hereb above named SIGNATURE OF MMy anger T. Chyper ann AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. BLOOD HEIGHT (M) WEIGHT (KG) Bare Foot Stripped 148.60 53 AL OFFICIAL DESIGNATION DATE EXAMINED 8. m.12