OFFICIAL DESIGNATION

## MEDICAL CERTIFICATE

		(Tor Employment)			
		INSTRUCTIONS			
	b. Attach this certification.  c. The results of the firmust be attached to the second	tay	reemployment		
Name of the last o		R THE PROPOSED APPO	DINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	SENCY / ADDRESS	}
DELUZA, JEANIE MOSE SWAST					
BMGT. HINGATUNGAN, SILAGO, 80. LETTE			Ven philpooterops		
AGE	SEX	CIVIL STATUS	PRO	OPOSED POSITIO	N
77	F	SINGLE	Į.	nstructor 1	
	FOR THE	LICENSED GOVERNMEN	NT PHYSI	CIAN	
above named mu	vidual and loutid nim	ewed and evaluated the attached ex her to be physically and medically	amination result	ts, personally exa for employment.	mined the
	RINTED NAME OF LICI Christelle Venu Lic. No.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
	of Licensed Governme	ent Physician:			
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE

1.57 m

DATE EXAMINED

JOEA

BY