MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS		*		
	b. Attach this certifica c. The results of the fe must be attached to th Blood Tes Urinalysis Chest X-R Drug Test Psycholog	ay	reemployment.			
	FOF	R THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	AGENCY / ADDRESS		
Layan, Jessie James Dungog ADDRESS Poblacion, Danao, Bohol			Visayas State University			
AGE	ISEX	CIVIL STATUS	PRC	POSED POSITI	ON	
22	Male	Single	COLUMN TO SERVICE CONTRACTOR CONT	structor I (Substitute)		
	· V.					
	FOR THE	LICENSED GOVERNME	NT PHYSI	CIAN		
		ewed and evaluated the attached en/her to be physically and medically				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
disquiron						
AGENCY/Affiliation	of Licensed Governm	ent Physician:				
			, *			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD			
11/1928			Bare Foot	Stripped 45-9 kgs	TYPE ∂	
OFFICIAL DESIGNATION			DATE EXAMINE			
OI TIOIAL BLOIDIN	V			productively processed grown morning fings race (for all five as of agent and		
1			1			