MEDICAL CERTIFICATE

(For Employment)

		9				
		INSTRUCTIONS				
	b. Attach this certif c. The results of th must be attached t Blood T Urinaly Chest > Drug To	est sis K-Ray	reemployment.			
	F	OR THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	AGENCY / ADDRESS		
	, CREGORIO J.	PHILROOTCROPS_VSU				
ADDRESS SAN F	ERNANDO PAI	D, VEXTE				
AGE	SEX CIVIL STATUS		PROPOSED POSITION			
27	7 M SINGLE		RA			
	`				**	
	FOR THE	LICENSED GOVERNME	NT PHYSI	CIAN		
		eviewed and evaluated the attached exhim/her to be physically and medically				
SIGNATURE	JOSEPHINE O. Medical Office	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Aff	iliation of Lidensed Gover		_			
	VZN HOZPIT	AU	18			
LICENSE NO	0075699		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD U TYPE	
OFFICIAL DI	ESIGNATION -	DATE EXAMINE	DATE EXAMINED			
	Mas Diru	1/4	110			

no 126