LICENSE NO.

OFFICIAL DESIGNATION

0156881

medical Officer III

## MEDICAL CERTIFICATE

(For Employment)

The control of the second control of the sec			
		INSTRUCTIONS	
	b. Attach this certifica c. The results of the fi must be attached to the Blood Tes Urinalysis Chest X-R Drug Test Psychologian	Ray	employment.
	FOI	R THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
BALALA, LOTIS M.			
ADDRESS			CUM, USU, VISa,
BALALA, LOTIS M. ADDRESS VISCA, Boylogy City			CUM, USU, Visa, Baylox GTY
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
50	F	Married	Professor V
Button von annum andersten annum			
FOR THE LICENSED GOVERNMENT PHYSICIAN			
above named ind	lividual and found him	n/her to be physically and medically □F.	mination results, personally examined the IT / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Chitalle Veris F. Carloo, M.D.  Lic. No. 01558/1  AGENCY/Affiliation of Licensed Government Physician:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation			
VSU HOSPITUL			

HEIGHT (M)

Bare Foot

151 m

DATE EXAMINED

WEIGHT (KG)

Stripped

55.45K

04/25/24

Bb-

120/80

BLOOD

TYPE

0+