## MEDICAL CERTIFICATE

(For Employment)

| IN | 15 | T | R | 11 | C | Г | 0 | N | S |
|----|----|---|---|----|---|---|---|---|---|
|    |    |   |   |    |   |   |   |   |   |

| a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable) | eemployment.<br>al/ <b>psychologic</b> a |                         |               |     |
|--|--|-------------------------|---------------|-----|
| FOR THE PROPOSED APPO  | INTEE                                    |                         |               | -   |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  | AGENCY / ADDRESS                         |                         |               | 7   |
| 144014   |  |                         |               |     |
| LAYOLA, LESTER G.  | -  |                         |               |     |
|  |  |                         |               |     |
| Sta- Corg, Baybay City, Caste  |  |                         |               |     |
| AGE SEX CIVIL STATUS   | PROPOSED POSITION                        |                         |               |     |
| 34 May   |  |                         |               |     |
|  | 1  |                         |               | _   |
| FOR THE LICENSED GOVERNMEN   | IT PHYSIC                                | CLAN                    |               | -   |
| I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically   | amination result                         | ts, personally e        |               | 7   |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  | OTHER INFORMATION ABOUT THE              |                         |               |     |
| SARAH AURORA W. TABADA, M.D.   | PROPOSED APPOINTEE                       |                         |               |     |
| Modical Officer III License No. 2013 19  |  |                         |               |     |
| AGENCY/Affiliation of Licensed Government Physician:   | -  |                         |               |     |
| January Santan   |  |                         |               |     |
| LIGENOFNO  |  |                         |               | 1   |
| LICENSE NO.  | HEIGHT (M) Bare Foot                     | WEIGHT (KG)<br>Stripped | BLOOD<br>TYPE |     |
|  | 170 cm                                   | 75 K)                   | Ot            | 110 |
| OFFICIAL DESIGNATION   | DATE EXAMINED                            |                         |               |     |
|  | 2-                                       | 3-23-12                 |               |     |
|  |  |                         |               |     |