## MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS			
	b. Attach this certificate.  c. The results of the formust be attached to the Blood Test Urinalysis Chest X-R  Drug Test Psycholog	ay	eemployment.	•	
	FOF	R THE PROPOSED APPO	DINTEE	. 1	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
De Padua, Eldon Pareñas			wu		
Adt. 73, W	in Lower Cam	pm, Visca, Raybas	- M - 5		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
27	M	5	Reg	nar Pa	nition
	FOR THE	LICENSED GOVERNME	NT PHYSIC	CIAN	
		ewed and evaluated the attached ex her to be physically and medically E			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
	MERRY CHRIST'L T. SUPNE	T-QUINOCOR, M.D.			
AGENCY/Affiliation	n of Licensed Governm	ent Physician:	NACONA.		
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD TYPE
			161 cm	62 kgs	A+
OFFICIAL DESIG	DATE EXAMINED				
			U-10- Q2		
				W	