INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name) FLORES, ALI CLA MUATIA			AGENCY ADDRESS			
DDRESS	, , , , , , , , , , , , , , , , , , , ,	4.0.1.1.				
buci	Cun 10 41 100 12	MIGNI INT				
GΕ	SEX SEX	CIVII	PROP	OSED PO	SITION	
11-	SLA	STATUS	PROPOSED POSITION			
45 FOMALE SMANNIN						
	Pre-Employmen	nt Medical-Physica	Tests			
	4 Dland Took		_			
1. Blood Test 2. Urinalysis My fi m fi						
	3. Chest X-ray	! "	1) /		
	4. Drug Test					
	Neuro-Psychiat	tric Examination (If	necessary)			
	FOR T	HE PHYSICIAN		T		
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit unfiremployment				Affix Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
Λ	ELWIN JAY V. YU. M.D.			se CAD		
ELWIN	MIN. YU. M.D.		1	MEIOUT	BLOOD TYPE	
EL WIN	L UFFICER IV		HEIGHT	WEIGHT	BLOOD TIPE	
L	VSU HOSPITAL	cuat	(Barefoot)	(Stripped)	BLOOD TIPE	
FFICIAL DESIGNATION HEAD	VSU HOSPITAL	inati	(Barefoot)	(Stripped)		

Contribing to the company (Some)