MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTION	S		
	b. Attach this certificate. The results of the must be attached to Blood Teacher Urinalysis Chest X-I Drug Tes Psycholo	st Ray	r and reemployment. physical/mental exam		
	FO	R THE PROPOSED A	PPOINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS	
BAGARINAD, JUNVIC B. ADDRESS Brogy MARCOS BAYBAY CITY LEYTE			PF	Philrootcrops, YSU	
AGE SEX CIVIL STATUS			P	ROPOSED POSITION	
20	M	S		MESSENGER	
	\ <u></u>			74	
	FOR THE	LICENSED GOVERN	IMENT PHYS	SICIAN	
above named in	dividual and found_bi	iewed and evaluated the attach m/her to be physically and medi CENSED GOVERNMENT PHYSICI	cally □FIT / □UN		
MERRY CHRIST	LT, SUPNET GUINOCOR, M.I.),		ROPOSED APPOINTEE	
AGENCY/Affiliation	of Licensea Government	nent Physician:			
LICENSE NO.		HEIGHT (I	Stripped TYPE		
OFFICIAL DESIG	NATION		DATE EXAM	INED	
				W-4-18	

BD-