MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS			
	b. Attach this certific c. The results of the must be attached to Blood Te Urinalysi Chest X- Drug Tes Psychological	ficate should be accomplished by a license ate to original appointment, transfer and re following pre-employment medical/physica this form: st s Ray	CHIPIOYINGIA.	sician.	
	FO	R THE PROPOSED APPO	DINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
CANETE, RACHELLE CANTALEJO BAYBAY LEYTE				LEYTE	
ADDRESS PURDK 6 H	UMAYAN, PANGDAN	, CITY OF NAGA, CEBY			
AGE SEX CIVIL STATUS			PROPOSED POSITION		
27	F	SINGLE	instructor 1		
	FOR THE	LICENSED GOVERNME	NT PHYSIC	CIAN	
I hereby above named	certify that I have rev individual and found h	iewed and evaluated the attached eximpler to be physically and medically	amination results	s, personally exam	nined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affilia	tion of Licensed Governi	ment Physician:	-		
	Hendula Cer	for for ffeelh-Caffeelk	appear		
LICENSE NO.			HEIGHT (M) Bare Fool	WEIGHT (KG) Stripped 48	BLOOD TYPE
OFFICIAL DESIGNATION '			DATE EXAMINED		
Medical Offen			08/10/2020		