MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTION	8			
	b. Attach this certifica c. The results of the f must be attached to t Blood Tes Urinalysis Chest X-R Drug Test Psycholog	t ay	and reemployment. hysical/ psycholog i			
	FO	R THE PROPOSED A	PPOINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS		
MERAFUENTES, ANDREW CADEROS ADDRESS			Dep	Department of Mechanical Engin eering		
PANEASUGAN, BABAY				Engin een ng		
NGE	SEX	CIVIL STATUS	E	PROPOSED POSITION		
24	M	SINGLE		INSTRUCTOR)		
	ertify that I have revie	LICENSED GOVERN ewed and evaluated the attache /her to be physically and medica	d examination res	sults, personally e		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			with owners and	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
	Mirm or	INMIN I CHANN G	vnn			
AGENCY/Affiliation	on of Licensed Governm	ent Physician:	aution our representation			
LICENSE NO.			HEIGHT (BLOOD	
	111/37		Bare Foot	Stripped Stripped	TYPE A+	
OFFICIAL DESIGNATION					111	
may profession representative and account of the company	reakings i an armadendari, i eti ir ii unu nonamaturun ing ng manur	and another than the property and provide the field of the state of th	DATE EXAMI	8-10-22	h"#" contraction (harm'own" us, der versteure debut, sattleben	