MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTION	IS
	b. Attach this certificat c. The results of the fo must be attached to th Blood Test Urinalysis Chest X-Ra Drug Test Psychologi	e to original appointment, transfe llowing pre-employment medical is form:	/physical/mental examinations
	FOR	THE PROPOSED A	APPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
NAYINE CYRENE PEREZ ADDRESS COGON, BAYBAY CITY, VEYTE			U2V
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	Female	Married	Instructor
	٧,		76
	FOR THE L	ICENSED GOVERN	NMENT PHYSICIAN
above named indi	ividual and found him	/her to be physically and med	ned examination results, personally examined the lically.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OSEPHINE O, ZAFICO, M.D. Medical Officer III AGENCY/Affiliation of Licensed Government Physician:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
Vsu Hospital			*
LICENSE NO.	796	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE 1484	
OFFICIAL DESIGNATION Medical Office Ti			DATE EXAMINED 1/20/18