MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)			
FOR THE PROPOSED APP	OINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AG	ENCY / ADDRE	SS
PAJARES, GLENN GUBALANE	Vica	1495 Sto	-
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43 Male Married	Associ	ate Prof.	<i>न्देश्य ।</i> //
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