MEDICAL CERTIFICATE

(For Employment)

	A SUMBOR DESCRIPTION OF THE PROPERTY OF THE PR					
		INSTRUC	TIONS			
	b. Attach this certific. The results of the must be attached to Blood Turinally Chest 2 Drug To Psychol	Fest sis K-Ray	transfer and ree nedical/physical/	mployment.		
	F	OR THE PROPOS	ED APPOI	NTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AG	ENCY / ADDRE	SS
ADDRESS Bitanhuan Baybay City leyte AGE SEX CIVIL STATUS				VSU		
GE	SEX	CIVIL STATUS	10	PRO	POSED POSIT	ION
47	M	SINGLE		ADMIN	AIDY	
above named	y certify that I have re I individual and found A	LICENSED GOV	attached exam d medically □F	nination result FIT / □UNFIT	s, personally e for employmen	nt.
IONATORE OF			TSICIAN.		FORMATION AS POSED APPOIN	
	MERRY CHRIST'L T. SUPI	VEZ-GUINOCOR, M.D.	* · · · · · · · · · · · · · · · · · · ·			
GENCY/Affilia	ation of Licensed Govern	ment Physician:				
ICENSE NO.		1		HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD TYPE
		*	-	153	47	D+"
OFFICIAL DES	SIGNATION			DATE EXAMINE	D	
			71	3	· (a. 2)	