OFFICIAL DESIGNATION

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 Psycholo	st s Ray st	reemployment.	nysician.		
	FO	R THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) GASATAN, MERVIN JUNE BRILLW			the second second	AGENCY ADDRESS VSU , VISCA , BAYBAY CITY,		
BRGY. (CABULIHAN,	DRMOC CITY	POP	LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION INSTRUCTOR			
21	MALE	SINGLE.				
	certify that I have rev	LICENSED GOVERNME iewed and evaluated the attached exim/her to be physically and medically	camination result	s, personally e		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation	on of Licensed Govern	ment Physician:				
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 52	BLOOD TYPE	

DATE EXAMINED

9.24-2020

4000 +111 (-) 8.34.2024