MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS		ydagaa yeelka wadii gayka aa irii oo ah isoo eelka sa		
	b. Attach this certifical c. The results of the formust be attached to the Blood Test Urinalysis Chest X-R Drug Test Psycholog	• ay	d reemployment.			
	FOF	R THE PROPOSED APP	POINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS			
(ugano ADDRESS	ugano Sarah Jean Cabanillas			VISCA Baybay City, Leeyle		
Guadalu	pe, Baybay	C'ty, Leyle	novo necessario di			
AGE	SEX	CIVIL STATUS	PRO	PROPOSED POSITION		
27	Fomale	Single	Instruc	ch/ I		
	FOR THE	LICENSED GOVERNME	ENT PHYSI	CIAN		
above named ind	lividual and found him	ewed and evaluated the attached enther to be physically and medically				
SIGNATURE OVER PRINTED NAME OF WCENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T. SUPNET-GNINOCOR, M.D.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
	Medical Officer I License No. 1118	28				
AGENCY/Affiliation	of Licensed Government	ent Physician:				
LICENSE NO.		The second secon	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
			1.44	57.9	0	
OFFICIAL DESIGNATION			DATE EXAMINE	DATE EXAMINED		

100 PU

9-M-2026