MEDICAL CERTIFICATE

(For Employment)

b. Attach this c. The results must be attac B C C C C C C C C C C C C C C C C C C	INSTRUCTION cal certificate should be accomplished by coertificate to original appointment, transfile s of the following pre-employment medical ched to this form: slood Test lirinalysis chest X-Ray orug Test leuro-Psychiatric Examination (if applicab	a licensed government physician. er and reemployment. I/physical/ psychological
	FOR THE PROPOSED	APPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) CENTINO ZYRA MAY ADDRESS KHLBOURNE ST., VSU BAYBAY		DEPT. OF ECONOMICS VSU BAYBAY CITY
AGE SEX	CIVIL STATUS	PROPOSED POSITION
33 F	MARRIED	
	*1. C.	WENT BUYOLOLAN
above named individual and for SIGNATURE over PRINTED NAME	ave reviewed and evaluated the attaction of him/her to be physically and medically under the physical of high the second of the	hed examination results, personally examined the
AGENCY/Affiliation of Licensed	Government Physician:	HEIGHT (M) WEIGHT (KG) BLOOD
OFFICIAL DESIGNATION		Bare Foot Stripped TYPE