MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	S
a. This medical certificate should be accomplished by a li b. Attach this certificate to original appointment, transfer a c. The results of the following pre-employment medical/pl must be attached to this form: Blood Test Orinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	and reemployment.
FOR THE PROPOSED A	PPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
GODOY, JEROME GALVEZ	USU, VISCA Baybay, City
ADDRESS	
Bray. Hibunawan Baybay City Leyte	Leyte
AGE SEX CIVIL STATUS	PROPOSED POSITION
34 MALE M	Admin-Aide VI
`	. 74

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRIST'L T, SUPNET-GUNOCOR, M.D. Medical Office Name	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	160cm	71KX	0
OFFICIAL DESIGNATION	DATE EXAMINED		
	1-8-11		