MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTI	ONS		
Loc 3	b Attach this certific. The results of the must be attached to the must be attached to the must be attached. Urinally: Chest > Drug Te Psycho	icate to original appointment, trai e following pre-employment med o this form: 'est sis (-Ray	lical/physical/ psychological	2	
		OR THE PROPOSED) APPOINTEE		
	First Name, Name Extension		PERARTMENT OF ANIMAL COLD		
BRGY. B	sulak, silago, son	ATHERN LEYTE	MEAVAL STATE	unversit	
AGE	SEX	CIVIL STATUS	PROPOSED POS	ITION	
24	MALE MARRIED		instructor		
	FOR, IHE	LICENSED GOVER	RNMENT PHYSICIAN		
above named i	naiviauai and found h	nm/her to be physically and m	ached examination results, personally edically PFIT / UNFIT for employm	examined the	
	Chief of Ho License No. (spital 098800	OTHER INFORMATION PROPOSED APPO		
	\				
LICENSE NO			HEIGHT (M) WEIGHT (KG Bare Foot Stripped TO CM VS KGS	TYPE	
OFFICIAL DESIG	SNATION		DATE EXAMINED		