MEDICAL CERTIFICATE

(For Employment)

NOTIFY WATER AND THE WORK AND THE WAY TO THE WORK AND THE						
		INST	RUCTIONS			
	b. Attach this certificat c. The results of the formust be attached to th Blood Test Urinalysis Chest X-R Drug Test Psycholog	e to original appoi ollowing pre-emplo nis form:	omplished by a licensed nament, transfer and recognished medical/physical properties on (if applicable)	employment.	ysician.	
Security Security (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)	FOF	R THE PRO	POSED APPO	INTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS		
Estay, Lucenita						
ADDRESS			management and a real	1		
Brgy. Gradalupe						1
AGE	SEX CIVIL STATUS			PROPOSED POSITION		
41	F	Mame	٩			
I hereby ce	rtify that I have revie	wed and evalua	GOVERNMEN ted the attached exa cally and medically	mination result	s, personally e	examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTIT, SUNIT, GUINOCO, M.D. Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation	n of Licensed Governm	ent Physician:	A second section of the second			
LICENSE NO.				HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
LIGENOL IVO			7.5	147	57kg	