## MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b Attach this certifical continuous to be attached to the flood Test Urinalysis Chest X-R Drug Test Psychologist	t 'ay	nd reemployment.
	FOI	R THE PROPOSED AP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  CUEVA, SHEBELLE ALCARIA  ADDRESS			AGENCY / ADDRESS  C V M - V S U
	BAYBAY CITY	LEYTE	
AGE 23	SEX	CIVIL STATUS	PROPOSED POSITION
23	F	SINGLE	Instructor I
		LICENSED GOVERNM	
I hereby ce above named ind	rtify that I have revie ividual and found hin	ewed and evaluated the attached n/her to be physically and medical	examination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN  MERRY CHRISTLT, SUPNAT-GUINOCOR, M.D.  Medical Officer III  License No. 111828  AGENCY/Affiliation of Licensed Government Physician:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO		•	HEIGHT (M)  Bare Foot  1-44  WEIGHT (KG)  Stripped  TYPE  43 -5 -67  A
DFFICIAL DESIGNATION			DATE EXAMINED
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