## MEDICAL CERTIFICATE

(For Employment)

	THE RESERVE OF THE PERSON NAMED IN				
		INSTRUCTIONS			
b. Attach this c. The results must be attac  B U C D P	certificates of the following	ay	reemployment.		
,	FOF	THE PROPOSED APP	OINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
SAPAN, MAR	14/10	- WU			
	и,				
AGE SEX		CIVIL STATUS	PRO	POSED POSIT	ION
48 7		M	AGGISTAN	PROT.	}
	* : *				
FOR	THE L	ICENSED GOVERNME	NT PHYSI	CIAN	
		wed and evaluated the attached ex Ther to be physically and medically-			
SIGNATURE over PRINTED NAME	OF LICE	NSED GOVERNMENT PHYSICIAN:	OTHER IN	FORMATION A	BOUT THE
MERRY (HRIST'LT, SUPNET-GUINOCOR, M.D.  Medical Officer III  License No. 111828			PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed C	Sovernme	ent Physician:			
LICENSE NO			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
			154	62.7	
OFFICIAL DESIGNATION			DATE EXAMINED		

11-18-19