OFFICIAL DESIGNATION

LICENSE NO.

MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS	
b. Attach this ce c. The results of must be attache Bloo Urini Coles Drug Psyc		reemployment.
	FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS
ABIT, MARY JOY MANAGPO		
ADDRESS		
VSU, Visca, Bo	ybay Leyte	
AGE SEX	CIVIL STATUS	PROPOSED POSITION
A F	SINGLE	
	\	To
FOR TH	E LICENSED GOVERNME	NT PHYSICIAN
I hereby certify that I have above named individual and four	reviewed and evaluated the attached ex and him/her to be physically and medically	amination results, personally examined the ☑FIT / □ UNFIT for employment.
	OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
IAGENUT/AIIIIIation of Licensed Gov	remment Physician:	

HEIGHT (M)

Bare Foot

154 cm

DATE EXAMINED

WEIGHT (KG)

Stripped 69.2 Mg

D-00-18

BLOOD