MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS				
a. This medical certificate should be accomplished by a lice b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	d reemployment.			
FOR THE PROPOSED APP	POINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AG	AGENCY / ADDRESS		
OLANA, ROCHELLE CAGADAS	PHLROOTE	PHILROOTEROPS, VISAYAS STATE UNIVERSITY		
GABAS, BAY BAY CITY, LEYTE	STATE U			
AGE SEX CIVIL STATUS	PRO	PROPOSED POSITION		
29 F MARRIED	REGULAR	REGULAR- TEMPORKRY		
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination result	ts, personally e		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: WWW. CMMM J. GVMM		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINE		01	
STRUME BESIGNATION		J. 93-11		