## MEDICAL CERTIFICATE

(For Employment)

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		INSTRUCTIONS		
k C	o. Attach this certificate c. The results of the formust be attached to the Blood Test Urinalysis Chest X-Ri Drug Test Psycholog	ay •	d reemployment.	
	FOF	R THE PROPOSED API	POINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
ASIO, LUZ GENESTM			visayas State Universit	
ADDRESS			Baybay, leyte	
GTZ House	ie z Veu co	mpound		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
CO	F	Married	Assistant Prof 2	
	FOR THE I	LICENSED GOVERNM	ENT PHYSICIAN	
			examination results, personally examined the y \( \subseteq \text{IFIT} / \subseteq UNFIT for employment. \)	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRISTLT, SUPNET UNOCOR, M.D.  Medical Officer III  License No. 1 11828			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of	of Licensed Governme	ent Physician:		
LICENSE NO.		HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE  1.52 SGKG D (6)		
OFFICIAL DESIGNATION			DATE EXAMINED	