075699

Unedial Mis M

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)	
NSTRUCTIONS	
a. This medical certificate should be accomplished by a lid b. Attach this certificate to original appointment, transfer a c. The results of the following pre-employment medical/ph must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	ind reemployment.
FOR THE PROPOSED AP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) GERALDINE T. BARC	AGENCY / ADDRESS
ADDRESS IH, UISCA, Bayloay Cit AGE ISEX ICIVIL STATUS	PROPOSED POSITION
43 Fenale Married	
FOR, INE LICENSED GOVERNM	ENT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medical	examination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN JOSEPHINE O ZAFICO, M.D. Necical Officer III AGENCY/Afficiation of Licensed Government Physician.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
Van Hospital	

HEIGHT (M) Bare Foot

146ch DATE EXAMINED

WEIGHT (KG) Stripped

49.5kg

BLOOD

Bt