MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTION	IS .
b. Attac c. The	medical certificate should be accomplished by a chithis certificate to original appointment, transferesults of the following pre-employment medical electric attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	er and reemployment. /physical/psychological
	FOR THE PROPOSED A	APPOINTEE
NAME (Last Name, First Name, N	FOR THE PROPOSED A	A P P O I N T E E AGENCY / ADDRESS
	Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
balondo, E	Name Extension (if any) and Middle Name)	
balondo, E	Name Extension (if any) and Middle Name)	AGENCY/ADDRESS WM, Vissa, baybay city,

FOR THE LICENSED GOVERNMEN			
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically and medical			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Dr. Mung Wist' Counsel Counse	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
VSU Hospital .			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE A-1
OFFICIAL DESIGNATION MO IN	DATE EXAMINED		