MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS	
b. Attach this certific. The results of the must be attached to Blood TUrinalys Chest XDrug Te	est is -Ray st	and reemployment.
F	OR THE PROPOSED AF	PPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS
BALDONADO, CHRISTIAN VIE PADUANO		VICATAS STATE UNIVERSITY
BPGY. COMBIS DULY	G, LEYTE	BA10X7 CITY, LEYTE
AGE SEX	CIVIL STATUS	PROPOSED POSITION
32 MAUE	MAPRIED	Inclos
		d examination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: White of white of Licensed Government Physician: AGENCY/Affiliation of Licensed Government Physician:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION WA J		HEIGHT (M) WEIGHT (KG) BLOOD TYPE DATE EXAMINED