MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b. Attach this certic. The results of the must be attached Blood Urinally Chest Drug T Psychology	Test vsis X-Ray	nd reemployment.
		OR THE PROPOSED AP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
Colubio, Enlalio, Jr., Catubay			DGE
The transformation of the contract of the cont	re-d, Baybay	, Leyk	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
33	M	Married	instructor I
METAL STORES SENSIBLE SERVICES AND	FOR THE	E LICENSED GOVERNM	ENT PHYSICIAN
I hereby above named	certify that I have no individual and found	eviewed and evaluated the attached him/her to be physically and medically	examination results, personally examined the \alphaFIT / \Bullet UNFIT for employment.
SIGNATURE OV	SARAH AUROR Medical License N	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:

OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

LICENSE NO.

HEIGHT (M) WEIGHT (KG) BLOOD TYPE

LICENSE NO.

OFFICIAL DESIGNATION

DATE EXAMINED

1-27-2022

Class &7 Oben 2