MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS			
	b. Attach this certifica c. The results of the formust be attached to the Blood Tes Urinalysis Chest X-R Drug Test Psycholog	ay	employment.		
2 4		R THE PROPOSED APPO		SI SI	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
Belmonte, Demetrio Jr. Valdez			Philippotcrops, VSVI		
ADDRESS Panagaswa	gan, Boybay C	thy.			
AGE	SEX	CIVIL STATUS	PRO	PROPOSED POSITION	
60	M	W	Sci	Science Aide	
	V ,			Te	
	FOR THE	LICENSED GOVERNME	NT PHYSI	CIAN	
		ewed and evaluated the attached exa n/her to be physically and medically			
SIGNATURE over F	PRINTED NAME OF LIC	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
R. Lis	dedical Officer III	S, M.D.			
AGENCY/Affiliation	of Licensed Government	ent Physician:			
LICENSE NO.		and the same of the same and the	HEIGHT (M) Bare Foot	WEIGHT (KG) BLOOD Stripped TYPE	
OFFICIAL DESIGN	IATION		DATE EXAMINE		
			1-8-18		

110/70