## 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	reemployment.	•		
	FOI	R THE PROPOSED APP	OINTEE	,		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS			
CRUZ, CRISLIN BACULPO			NS	VSU		
# 43 KILBOURNE DRING VISCA BAYBAY CITY LEYTE			Visco, Boylay City, Lepte Philippines			
AGE	SEX	CIVIL STATUS	PRO	PROPOSED POSITION		
31	FEMALE	SINOLE	INSTRUCTOR - I			
	(permanent)					
	FOR THE	LICENSED GOVERNME	NT PHYSIC	CIAN		
		ewed and evaluated the attached e her to be physically and medically [				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
MER	RY CHRIST'L T. SUPNET-GUIN	Mar un				
	n of Licensed Governm		-			
Barris Balleria (B. 1984) - Samera (1995) - Falleria (Balleria (Ba	on trave all II and a propriession orbidoscus i (completing frequence (citizendes) als completings	The second area and represented the second s	and the second of		Security (197	
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
			152	G33.	Lot.	
OFFICIAL DESIGNATION			DATE EXAMINE	DATE EXAMINED		

4

1-13-21