MEDICAL CERTIFICATE

(For Employment)

INSTRUC	TIONS
a. This medical certificate should be accomplish b. Attach this certificate to original appointment c. The results of the following pre-employment must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applications)	, transfer and reemployment. medical/physical/ psychological
FOR THE PROPOS	ED APPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ABUNDA NANCY DONATRE	AGENCY/ADDRESS YSU, VISCA, BAY BAY CUTY,
ADDRESS YSU, VISCA, BAYBAY CLTY, LEYTE	LEYTE - 6521-A
AGE SEX CIVIL STATUS	PROPOSED POSITION
32 F MARRIED	ASCISTANT PROFESSOR 3
FOR THE LICENSED GOV I hereby certify that I have reviewed and evaluated the above named individual and found him/her to be physically as	e attached examipation results, personally examined the
SIGNATURE over PRINTED NAME OF JUCENSED GOVERNMENT PRESENTED TO SELECTION OF THE SELECTION	HYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD
	Bare Foot Stripped NTYPEN Neo - Flot Ot
OFFICIAL DESIGNATION	DATE EXAMINED