MEDICAL CERTIFICATE

(For Employment)

		* 17.	
		INSTRUCTIONS	
	b. Attach this certification. The results of the framust be attached to the Blood Test Urinalysis Chest X-F Drug Test Psychological Control of the control o	Ray	mployment.
	FO	R THE PROPOSED APPOI	NTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
Brown, Map Ann Arsis			VSU, visca Baybay legge
ADDRESS Cottage L, Duplex Hoising, Visages Alate University, Visco Daybay			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
28	Fenale	Sigle	
	FOR THE	LICENSED GOVERNMEN	T PHYSICIAN
		ewed and evaluated the attached exam	nination results, personally examined the T / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: SARAH AUTOLA W. TABADA, M.D. License No. O(331)			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically IFIT / IUNFIT for employment.

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

1-49 45-3

OFFICIAL DESIGNATION

DATE EXAMINED