MEDICAL CERTIFICATE

(For Employment)

a. This medical certificate should be accomplished by a licensed government physician.
b. Attach this certificate to original appointment, transfer and reemployment.
c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

| Blood Test | Urinalysis | Picture | Property | Prope

FOR THE PROPOSED APPOINTEE

NAME (Last Name, Fir	st Name, Name Extension	AGENCY / ADDRESS	
GOO	loy, Fea	Phil Root ctops VSU Baybay City, Geyte	
Apt.83	S VSU Bav	VSU Baybay City, Geyte	
AGE)	SEX	CIVIL STATUS	PROPOSED POSITION
58	M	M	SRA

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically and			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRIST LT. SUPNET-GUIN COR, M.D. AGENCY/Affiliation of Micensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped FIG	BLOOD TYPE B+
OFFICIAL DESIGNATION	DATE EXAMINED A - 18		