MEDICAL CERTIFICATE

(For Employment)

	*				
1		INSTRUCTIONS			(0) Sec.
	b. Attach this certificate c. The results of the fol must be attached to thi Blood Test Urinalysis Chest X-Ra Drug Test Psychologic	ау	employment.		
1, 8	FOR	THE PROPOSED APPO	INTEE	A	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
POMIDA, JAN JOSHVA MASAS ADDRESS DUPUEX H-1, VSU, VISCA, BAYDAY CTY, LEYTE			VIS	CA	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
22	MAVE	SINGUE	INSTRUCTOR of		
	٧,				74
	FOR THE L	ICENSED GOVERNMEN	IT PHYSI	CIAN	
		wed and evaluated the attached exa /her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY	CHRIST'L T. SUPNET-GNINOC	COR, M.D.			medicina patrici de medican completa e de mano de medican de medic
AGENCY/Affiliation of Licensed Government Physician:			2	n	
LICENSE NO.			HEIGHT (M)	WEIGHT (KG)	BLOOD
			Bare Foot	Stripped	TYPE
OFFICIAL DESIGNATION			DATE EXAMINE	75.8 Kg	
OTTION & DEGISTRATION			9-11-18		