MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
CIISULGA SALOMA M ADDRESS Panagguagan Bantan City, Lente	VSu, Bombony City, Lengte
AGE ISEX ICIVII STATUS	PROPOSED POSITION
54 F M	Science Research Specialist
FOR THE LICENSED GOVERNM	ENT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OSEPHME CAFICO, M.D. AGENCY/Affillation of Licensed Government Physician: VYV HOSP TTAL	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
07549	HEIGHT (M) Bare Foot 1 · 59 m WEIGHT (KG) Stripped TYPE HT
OFFICIAL DESIGNATION	DATE EXAMINED
OFFICIAL DESIGNATION	