## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form:    Blood Test	employment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
KEBUYAS, JUZTINE JANE	VSU
FARMERS' VILLAGE, VISAYAN STATE UNIVERSITY, BI	,
AGE SEX CIVIL STATUS	PROPOSED POSITION
28 F Married	
By INT	TA.
FOR THE LICENSED GOVERNMENT PHYSICIAN	
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRIST'LT, SUPNET-ONNOCOR, M.D.  Medical Office) III  AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD
EIGENGE NO.	Bare Foot Stripped TYPE  160 Ch 57.3kg B+
OFFICIAL DESIGNATION	DATE EXAMINED