MEDICAL CERTIFICATE

(For Employment)

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 b. Attach this certificate to original a 	e accomplished by a licensed government physician. ppointment, transfer and reemployment. inployment medical/physical/psychological ination (if applicable)
William Control of the Control of th	ROPOSED APPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Na	ame) AGENCY / ADDRESS
GARINGALAD, KRIZIA GAVIOLA	DEPARTMENT OF
PATAG, BAYBAY CITY, LEYTE	TEACHER EDUCATION
AGE SEX CIVIL STATU	PROPOSED POSITION
93 F M	hopelow Permanent
I hereby certify that I have reviewed and eva	D GOVERNMENT PHYSICIAN aluated the attached examination results, personally examined the visically and medically DFIT / DUNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVER	
AGENCY/Affiliation of Licensed Government Physician:	11 11 11 11
WHEN Vey	
CITUSSI	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
Medical Other 14	11-22-23