MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS				
	b. Attach this cert c. The results of t must be attached Blood Urinal Chest Drug Psych	Test ysis X-Ray	nd reemployment.			
	F	OR THE PROPOSED AP	POINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	AGENCY / ADDRESS		
LUMACAD, ANICETA MORENO			VSU,	VSU , VISCA , BAYBAY CITY		
ADDRESS	, BAYBAY C	177, LEYTE	AN APPROXIMATE AND A			
AGE	SEX	CIVIL STATUS	PRO	PROPOSED POSITION		
55	Female	Single	Admin-	Admin-Officer I		
	ertify that I have I	E LICENSED GOVERNM reviewed and evaluated the attached him/her to be physically and medically	examination resul	ts, personally e		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T, SUPNET-GIACOD M.D.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:			***************************************			
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIG	NATION		DATE EXAMINE	D	U	
			N-3-73			