MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS	
b. Attach this certific. The results of the must be attached to the must be at	est sis (-Ray	reemployment.
F	OR THE PROPOSED APP	POINTEE
NAME (Last Name, First Name, Name Extensio	AGENCY / ADDRESS	
MAZO, ANDRE	VSU, BAYBAY	
DUPLEX H-2, VSU, BAYBAY, LEYTE		CITY LEYTE
AGE	CIVIL STATÚS	PROPOSED POSITION
48 MALE	MARRIED	INSTRUCTOR III
- × 1	•.	

FOR THE LICENSED GOVERNMENT PHYSICIAN

DEFICIAL DESIGNATION	DATE EXAMINED			
DFFICIAL DESIGNATION	DATE EXAMINE	75%	4+	1
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	**
AGENCY/Affiliation of Licensed Government Physician:				
Chief of Hospital License No. 098800	PROPOSED APPOINTEE			
SIGNATURE OVER PRINTED IN E OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE			