## MEDICAL CERTIFICATE

(For Employment)

		INSTRUC	TIONS			
	b. Attach this certificat c. The results of the fo must be attached to th Blood Test Urinalysis Chest X-Ra Drug Test Psychologi	ау	transfer and ree medical/physical/	mployment.	nysician.	
Addings signify programmed in the Uniques have not the divergence by whether in the processor.	FOR	THE PROPOS	ED APPO	INTEE		managorico ya niga gamena gamena gamena gamena ana ana ana ana ana ana ana ana ana
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS		
ADDRESS POPO. ZONE I CAPOOCAN, VEYTE				PHILROOTUROPS		
AGE	SEX	CIVIL STATUS		PROPOSED POSITION		
25	FEMALE	SINGLE	16, ser 1	SRA		
	rtify that I have revie	ICENSED GOV	attached exam	nination result	s, personally	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN  MERRY CHRISTILT, SUPPLET GUNOCOR, M.D.  Medical Officer III  AGENCY/Affiliation of Licensed Government Physician:					FORMATION A POSED APPOI	
LICENSE NO.		*		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGN	ATION			DATE EXAMINED	1	