## MEDICAL CERTIFICATE

(For Employment

		(For Employment)				
Company of the Compan		INSTRUCTIONS				
	b. Attach this certific. The results of the must be attached to Blood Urinally Chest	「est sis K-Ray	reemployment.			
		OR THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AC	AGENCY / ADDRESS		
ANCHETA JAMES PHILIP NIOG			VISCA, BAYBAY CITY, LEYTE			
ADDRESS PANGASUGA	H, BAYBAY CITY, LE	YTE	NO.		,	
AGE	SEX	CIVIL STATUS	PR	OPOSED POSITION		
25	M	Single	I	instructor		
I hereby	certify that I have re	LICENSED GOVERNME	amination result	ts, personally e	examined the	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRISTLT, SUPNET-GUNOCOR, M.D.  Medical Officer III  License No. 111828			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affilia	ion of Licensed Govern	nment Physician:				
LICENSE NO.			HEIGHT (M)	WEIGHT (KG)	BLOOD	
			Bare Foot	Stripped	BY	
OFFICIAL DESIGNATION			DATE EXAMINE	Carker	U'	
			DATE EXAMINE	8-24-20	20	

DP- 110/40