MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS				
	b. Attach this certificat c. The results of the formust be attached to th Blood Test Urinalysis Chest X-R Drug Test Psycholog	ay	nd reemployment.			
	FOR	THE PROPOSED AP	POINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	AGENCY / ADDRESS		
MERCURIO, MAKTIN JAN ENOLVA			DGE, V	DGE, VISAYAS STATE		
ADDRESS				UNIVERCITY, VISCA,		
147 PAM	ON MAGGAY CAY	AVENUE, BAYBAY CAY,	LEVIT	117, VISCA	1~	
AGE	ISEX	ICIVIL STATUS	1 10 11 11/1/	OPOSED POSITI	EXIF	
White Carl			1000	INSTRUCTOR I		
28	WALE	WAKKIED	INC			
					**	
	FOR THE L	LICENSED GOVERNA	MENT PHYSI	CIAN		
		ewed and evaluated the attached n/her to be physically and medica				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affilia	tion of Licensed Government (VVIII)	ent Physician				
LICENSE NO OFS 699			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESI	GNATION WO A.	al Office In	DATE EXAMINI	18		