## MEDICAL CERTIFICATE

(For Employment)

1	NS	T	R	U	C.	TI	0	N	S

a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form:    Blood Test	reemployment			
FOR THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS			
Garduce, Claudette Meli Haff Enterma	VSO			
ADDRESS	Graduate			
Bryy. Pomponar, Baybay City	School			
AGE SEX CIVIL STATUS	PROPOSED POSITION			
28 Fewale Single	Educ. Nesearch Arst.			
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
FOR THE LICENSED GOVERNME	NT PHYSICIAN			
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	xamination results, personally examined the AFIT / UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE			
CHRISTELLE VENUS DE DE MO M.D.	PROPOSED APPOINTEE			
LICENSE NO. DISSESSE				
AGENCY/Amiliation of Licensed Government Physician:				
VSU thopital				
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD			
0154881	Bare Foot Stripped TYPE			
OFFICIAL DESIGNATION	DATE EXAMINED			
M-dical Otoricas 14				
marcu oppor	1-3-24			