INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

NAME (Last, First, Middle, or if married woman, Maiden Name) CASTANEOA, MARWEN ABCEDE			AGENCY ADDRESS	
ADDRESS 109 Sunrise Vi Pardo, cobu			USSO	
4GE 47.0.	SEX Female	CIVIL STATUS Married	PROPOSED POSITION Sourbance Coordinator	III.
* 4	Pre-Employment	Medical-Physic	al Tests	
	 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric 	Examination (If necessary)	
	FOR TH	E PHYSICIAN		
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individual and found he employment	Y that I have personally e	xamined the above		
PRINTED NAME/SIGNATUR CEL WIND OFFICIAL DESIGNATION HEAD	Y that I have personally entry him to be physically and	xamined the above	offit for Stamp OTHER INFORMATION ABOUT THE	tval TYPE

Cont. Telmisonto + Auldy