GABAS, BAYBAY CITY , LEYTE

SEX

FEMALE

AGE

37

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and rect. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
VISTAL PEARL PABROQUEZ	Vsu, Visca, baybay City, Layte

FOR THE LICENSED GOVERNMENT PHYSICIAN

CIVIL STATUS

MARRIED

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	AN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED (a) M

30-90

PROPOSED POSITION

ADMIN. AIDE VI