MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licenset b. Attach this certificate to original appointment, transfer and rec. 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	NTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ORIA REYMAR CATADINAN	VSN
PURDY 2, GAIBAS IBAYBAY CITY	VISCA , BAYBAY
AGE SEX CIVIL STATUS	PROPOSED POSITION
27 MALE MARRIED	INSTRUCTOR-1/PERMANENT
FOR THE LICENSED GOVERNMEN I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	mination results, personally examined the
MERRY CHRISTLE SUPNET MOCOR, M.D. Medical Officer III AGENCY/Affiliation of Licensed Government Physician:	PROPOSED APPOINTEE
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE GY 2 916 A
OFFICIAL DESIGNATION	U - 9- 22