AGE

22

SEX

PEMALE

MEDICAL CERTIFICATE

| (For Employment) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| INSTRUCTIONS | |
| a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable) | reemployment. |
| FOR THE PROPOSED APPO | OINTEE |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ACILO , TR ISHIA JADE C | AGENCY / ADDRESS |
| ADDRESS ALBUERA LEYTE | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

CIVIL STATUS

| | for employmen | Ιζ. |
|------------------------------------------------|---------------------------|--------------------------------------------------------------|
| OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| - | | |
| | | |
| HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| 153 cm | 58cm | |
| DATE EXAMINED | | |
| | PROI HEIGHT (M) Bare Foot | PROPOSED APPOIN HEIGHT (M) Bare Foot Stripped 153 CM S8 Cm |

Bb: 80/40

PROPOSED POSITION