MEDICAL CERTIFICATE

(For Employment)

Peid jing 3/7/19

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		INSTRUCTIONS		
	b. Attach this certific. The results of the must be attached to Blood Tournaly. Chest > Drug Tournaly. Psycho	est sis (-Ray	d reemployment.	cian.
	F	OR THE PROPOSED APP	POINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
PENANSA, BERT C- ADDRESS BRAY. CAPIDAD, BAYBAY CITY, LETTE			VSU	
AGE	SEX	CHIL STATUS	PROPO	SED POSITION
34	MALE	SINGLE	INSTRUC	70P 1
I hereby ce	ertify that I have re	LICENSED GOVERNME	examipation results, p	ersonally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwing Live of Hospital License No. 098800			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation	n of Licensed Govern	ment Physician:		* **
LICENSE NO.		1	HEIGHT (M) WE Bare Foot	EIGHT (KG) BLOOD Stripped TYPE 76 kgs "O"
OFFICIAL DESIGN	NATION	er og en er en en en er en	DATE EXAMINED	4/19