LICENSE NO

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

		INSTR	UCTIO	DNS	11.7
	b. Attach this certificc. The results of the	cate to original appoint following pre-employr	ment, tran	sfer and ree	
	must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)				
	F	R THE PROP	OSED	APPO	INTEE
NAME (Last Nam	e, First Name, Name Extension	(if any) and Middle Name)			AGENCY / ADDRESS
OPP	US, BEATRIZ NI CO	LLE , ABLAT			Dent or Civil Engineering
Talisay, Bontoc, Southern Leyte					Dept. of Civil Engineering, Vsu
AGE	SEX	CIVIL STATUS			PROPOSED POSITION
24	Female	Singre			Temporary Regular
	500 7115	11051055	00151	2111511	T. D.I.V.O.I.O.I.A.N.
	FOR THE	LICENSED	30VE	KNMEN	T PHYSICIAN
					minatĭon results, personally examined the PIT / □UNFIT for employment.
SIGNATURE ov	Elwin Jay V	CENSED GOVERNMENT Yu, M.D. espital 098800	NT PHYSIC	CIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affilia	ation of Licensed Govern	ment Physician:			*

HEIGHT (M) Bare Foot

158 cm

DATE EXAMINED

WEIGHT (KG) Stripped

64.2148

Bp:

BLOOD TYPE