MEDICAL CERTIFICATE

(For Employment)

		INSTR	UCTIONS		
27-17	b. Attach this certific c. The results of the must be attached to Blood Te Urinalysi Chest X- Drug Tes Psycholo	est s Ray	tment, transfer and rement medical/physica	eemployment.	
		R THE PROP	OSED APPO	NTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS	
GENOTIVA, ADDRESS EVERLA-TIN		VISUA BAYBAY	City, LEGIE	blars	BS VSU BAYDAY CUY, LEYTE
AGE 22	SEX CIVIL STATUS			PROPOSED POSITION	
<i>b</i> +	F	SINGLE			INSTRUCTOR
I hereby cer	rtify that I have revi	LICENSED C	d the attached exa	mination results	s, personally examined th
SIGNATURE over PI		ENSEP GOVERNMEN		OTHER INF	ORMATION ABOUT THE OSED APPOINTEE
OFFICIAL DESIGNA	ATION		,	HEIGHT (M) Bare Foot IT9 CA. DATE EXAMINED	WEIGHT (KG) BLOOD TYPE US kg- 4+
				_	11- ///