MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIO	NS				
	b. Attach this certific c. The results of the must be attached to Blood Te Urinalysi Chest X- Drug Tes Psychological	sst s Ray st	fer and reemple al/physical/ psy	oyment.			
	FC	R THE PROPOSED	APPOINT	EE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS			
Varron, Anna Beth Arediano			V	Visca, Pangarugan, Baybay city, Layre			
Bamshao, Boyboy city luyte			THE PROPERTY OF STREET				
AGE	SEX	CIVIL STATUS	NAME OF A PARTY. AND THE PARTY OF A PARTY AND	PROPOSED POSITION			
28	Female	Single		instructor 1			
	FOR THE	LICENSED GOVER	NMENT I	PHYSIC	CIAN		
		riewed and evaluated the attac m/her to be physically and med					
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: SARAH AURORA W. TABADA, M.D. Medical Officer III License No. 2173 107			AN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affilia	ation of Licensed Govern		de tras and any transfer of the second				
LICENSE NO.			HE	EIGHT (M)	WEIGHT (KG)	BLOOD	
A STATE OF THE PARTY OF THE PAR		- The control of the second of the control of the c		Bare Foot	Stripped	TYPE	
OFFICIAL DESIGNATION				Me-J	(8-7	- 197	
OFFICIAL DESIGNATION			DATI	DATE EXAMINED			
				7-8-22			