LICENSE NO.

OFFICIAL DESIGNATION

0126881

Medical Officer III.

MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b. Attach this certific c. The results of the must be attached to Blood Te Urinalysi Chest X- Drug Tes Psycholo	sst s Ray	d reemployment.
	FC	R THE PROPOSED APP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
Gamutan, Ben Daniel Namoc			Visayas State University)
ADDRESS		.4	Baybay City, Leybe
Pango	asugan, Baybay	City, tey te	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
24	Male	single	substitute Regular
	FOR THE	LICENSED GOVERNMI	ENT PHYSICIAN
I hereby above named	y certify that I have rev I individual and found hii	riewed and evaluated the attached m/her to be physically and medically	examination results, personally examined the
CHE	CISTELLE VENUS F.		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCTIATIII	ation of Licensed Govern	nent Enysician:	

HEIGHT (M)

Bare Foot

DATE EXAMINED

2/5/2024

11635M

WEIGHT (KG)

Stripped 62. ISK9 BLOOD