LICENSE NO.

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b. Attach this cert c. The results of t must be attached Dilood Urinal Chest Drug Psych	Test ysis X-Ray	eemployment.
		OR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
OMEGA RANDY GORGOPIO			
ADDRESS			
CLARO	M. RECTO	ST. BAYBAY, LEYTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
47	1	SINGLE	
I hereby above named ii	certify that I have r	E LICENSED GOVERNMEN eviewed and evaluated the attached exa I him/her to be physically and medically	mination results, personally examined the
SIGNATURE over	PRINTED NAME OF	LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

HEIGHT (M) Bare Foot

175 om

DATE EXAMINED

WEIGHT (KG) Stripped

102.6kgs

1-10-2020

110/80 writin

BLOOD