MEDICAL CERTIFICATE

	, 2	(For Emp	loyment)				
		INSTRU	CTIO	NS			
	b. Attach this certificat	cate should be accomplied to original appointme of the original appointment original a	nt, transf	er and ree	mploýmer	nt.	
	must be attached to the Blood Test I Urinalysis I Chest X-R I Drug Test I Psycholog Neuro-Psy	ay	applicab	ole)			
and the second s	FOF	THE PROPO	SED	APPO	NTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) OQUIAS , NOEMI ELISA , LESIDAN ADDRESS MARCOS , BAYBAY CITY , LEYTE						YSU JUTEGRA VISCA, BAYBAY	ED HIGHSCHOOL
AGE 29	SEX FEMALE	MARRI ED			* '	PROPOSED POS	

FOR THE LICENSED GOVERNMENT PHYSICIAN

OFFICIAL DESIGNATION			DATE EXAMINED			
LICENSE NO.	1.1		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE AND	
AGENCY/Affiliation of Licensed Government Physician:			7		pri	
MERRY CHRISTLT, SUPNET-GUNOCOR, M.D. Medical Officer III License No. 111828	PHYSIC	IAN:		FORMATION AB POSED APPOIN		

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