MEDICAL CERTIFICATE

(For Employment)

			O CONTROL OF THE STATE OF THE S			
		INSTRUCTIO	NS			
	b. Attach this certific. The results of the must be attached to Blood Turinalys Chest X Drug Te	est is -Ray st	fer and reemployment. al/physical/ psychologi			
	FC	R THE PROPOSED	APPOINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS		
GODINEZ, CYRILL JOHN PRIMA ADDRESS BULAK, SLAGO, SOUTHERN LETTE				VISAYAS STATE UNIVERSITY, VISCA, ROOFLOT CITY, LEAD		
AGE	SEX	CIVIL STATUS	F	PROPOSED POSITION		
25	MALE	MARRIED		INSTRUCTOR		
	certify that I have rev	LICENSED GOVER	ched examination res	sults, personally		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLT, SUPNET-GUINVOR, M.D., Medical Officer III AGENCY/Affiliation of Licensed Government Physician:				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO.		•	HEIGHT (I Bare Foot	Stripped	BLOOD TYPE	
OFFICIAL DES	IGNATION		DATE EXAMI	9-19-20	ds	

100 /h