## MEDICAL CERTIFICATE

(For Employment)

		INSTRI	UCTIONS			
	a This medical certificate Attach this certificate The results of the fe	te to original appointn ollowing pre-employm	nent, transfer and re	employment.	16	
	must be attached to ti  Blood Tes  Urinalysis  Chest X-R  Drug Test  Psycholog  Neuro-Psy	t ay	(if applicable)	,		
		R THE PROP	OSED APPO	INTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  ABAPO JANE M.				AG	ENCY / ADDRES	SS
	eto St. opu 18	baybay lity	duple	DoPAC,	VSU	
48	SEX T	CIVIL STAPUS, O.	0	PRO	POSED POSITI	ON
national and the second se	FOR THE	LICENSED G	OVERNMEN	T PHYSIC	CIAN	
l hereby cer above named indi	rtify that I have review ividual and found him	wed and evaluated Ther to be physicall	the attached example the thick the strain of	mination result FTT / □UNFIT	s, personally e for employmen	xamined the
SIGNATURE OVER PRINTED NAME OF CENSED GOVERNMENT PHYSICIAN:  MERRY (HRIST'I T, SUPNET-GUNOCOR, M.D.  Medical Officer III License No. 111828				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation	of Licensed Governme	ent Physician: •				des sides de sector de la companya d
LICENSE NO				HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNA	ATION	*		DATE EXAMINED	(, 0)	

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