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 Psychological	est s Ray st	reemployment.		
	FC	R THE PROPOSED APP	OINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
Martine 2, Chigha Ware Sabijon ADDRESS			VSU, Baybay City, leyte		
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l hereby of above named in	FOR THE certify that I have revaluated and found him PRINTED NAME OF LIGHT	LICENSED GOVERNME riewed and evaluated the attached em/her to be physically and medically I SENSED GOVERNMENT PHYSICIAN:	NT PHYSI xamination resul PIT / DUNFIT	Adw. Aide II CIAN ts, personally e	xamined th
I hereby of above named in	FOR THE	LICENSED GOVERNME riewed and evaluated the attached em/her to be physically and medically [SENSED GOVERNMENT PHYSICIAN:	NT PHYSI xamination resul PIT / DUNFIT	CIAN ts, personally efor employment	xamined th
I hereby of above named in	FOR THE Certify that I have revolutional and found him PRINTED NAME OF LIGHT MERRY CHRISTIT, SUPPLY MERRY CHRISTIT, SUPPLY Medical Officers	LICENSED GOVERNME riewed and evaluated the attached em/her to be physically and medically [SENSED GOVERNMENT PHYSICIAN:	NT PHYSI xamination resul PIT / DUNFIT	CIAN ts, personally efor employment	xamined th