LICENSE NO.

OFFICIAL DESIGNATION

## 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 Psycholo	st s Ray st	eemployment.
		R THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
CAINGCOY KIMBERLY VANZVELA			VISCA , BANBAY CITY
ADDRESS			LEYTE
BRG4.	MALINAO, M	AHAPLAG, LETTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
22	PEMALE	SINGUE	SCIENCE RESEARCH AUSISTAN
	**		7.0
	FOR THE	LICENSED GOVERNME	NT PHYSICIAN
I hereby ce above named inc	ertify that I have rev dividual and found h	iewed and evaluated the attached exa im/her to be physically and medically	amination results, personally examined the □FIT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  OSE NINE O. ZAFICO, M.D.  Medical Officer III  License No. 075699			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation	n of Licensed Government	nent Physician:	

HEIGHT (M) Bare Foot

DATE EXAMINED

12 21 17

1112-

WEIGHT (KG) Stripped

624

BLOOD TYPE