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	employment.
ONCOMENTAL PROPERTY AND	FO	R THE PROPOSED APPO	INTEE
NAME (Last Name,	First Name, Name Extension (AGENCY / ADDRESS	
Jayme	Pave Peter	Godov	
ADDRESS		*	-
Broy. Hil	unawan Bayba	VSU	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
32	Male	Married	Driver 11
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I hereby	certify that I have rev	iewed and evaluated the attached exact	mination results personally evamined the

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	,	ine	
Veu Hogotal			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
098800	Bare Foot	Stripped	TYPE OF
CIAL DESIGNATION DATE EXAMINED			
Chief of Hospital	3/5	/ry	***