CS Form No.	21:	
Revised 2018		

ADDRESS

## MEDICAL CERTIFICATE (For Employment)

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- a. This medical certificate should be accomplished by a licensed government physician. b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological
  - must be attached to this form: Blood Test
  - Urinalysis Chest X-Ray
    - Drug Test Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

MABALHIN, JOEL QUIBAN

## FOR THE PROPOSED APPOINTEE

AGE	SEX	CIVIL STATUS		PROPOSED POSITION
59	M	Sinle		Aggoc. Prof. IT
	FOR TH	E LICENSED GO	OVERNMENT	PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examabove named individual and found him/her to be physically and medically 🖽 🗗	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRISTLT, SURNET, GUNO)  Medical Officer 311  License No. 111822	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	

AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 72.5kg	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINE	D	THE RESERVE OF THE PERSON OF T

	Bare Foot Stripped	TYPE
	1-69m 72.3kgs	B
DFFICIAL DESIGNATION	DATE EXAMINED	Асментичной объектория подосного подосного
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AGENCY / ADDRESS

VSU, Baytay City