MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS		
b. Attach this c. The result must be atta	cal certificate should be accomplished by a list certificate to original appointment, transfer as of the following pre-employment medical/placed to this form: Blood Test Jrinalysis Chest X-Ray Drug Test	and reemployment.	
	Psychological Test Neuro-Psychiatric Examination (if applicable)		
	FOR THE PROPOSED AF	PPOINTEE	-
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS	
CAOPTE, ENPIQUE IN. ESTREMOS			
ADDRESS VSU , VISCA	BAYBAY CITY	OURRMD	
AGE SEX	CIVIL STATUS .	PROPOSED POSITION	
52 m	WALLING	RENUEZ OF APPOINTMENT	
	Experience of the control of the con		-
FOR	THE LICENSED GOVERNM	IENT PHYSICIAN	
I hereby certify that I had above named individual and f	ave reviewed and evaluated the attached ound him/her to be physically and medica	d examination results, personally examined the ally DIFIT / DUNFIT for employment.	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLT, SUPNET GUINOVA, M.D. Medical Officer STA License No. 111828		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed (Government Physician:		
LICENSE NO.		HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE	BP
		1, 1, 1, 9	1010