VSV

0156 881

Medical

LICENSE NO.

OFFICIAL DESIGNATION

## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	I	N	S	T	R	U	C	T	10	N	S
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		INSTRUCTIONS	
	b. Attach this certific c. The results of the must be attached to Blood Te Urinalysis Chest X-I Drug Tes Psycholo	st S Ray	eemployment.
		R THE PROPOSED APPO	INTEE
NAME (Last Name, Fir	st Name, Name Extension (i	AGENCY / ADDRESS	
LIMPAN	GOG ROY C	USU - Visea, Baybay City	
ADDRESS		7- 3- 3	
COOB, UB		C CITY , LEYTE	
AGE	SEX	PROPOSED POSITION	
38	W	INSTRUCTOR	
	FOR THE	LICENSED GOVERNMEN	T PHYSICIAN
I hereby ce above named ind	rtify that I have revi ividual and found hin	iewed and evaluated the attached exandher to be physically and medically	mination results, personally examined the
SIGNATURE over P		ENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
			1

111

HEIGHT (M) Bare Foot

DATE EXAMINED

1-23-24

150

WEIGHT (KG)

Stripped

48

BO ers for

BLOOD