MEDICAL CERTIFICATE

(For Employment)

INSTRU	CTIONS
a. This medical certificate should be accomptional be attached this certificate to original appointment of the results of the following pre-employment must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if	ent, transfer and reemployment. Int medical/physical/ psychological
FOR THE PROPO	SED APPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ERMIO, JAY DARRYL LABRADOI ADDRESS PANGASMGAN, GAYBAY CITY, C	
AGE SEX CIVIL STATUS	PROPOSED POSITION
26 YO MALE SNGLE	INSTRUCTOR I
	OVERNMENT PHYSICIAN the attached examination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT AGENCY/Affiliation of Licensed Government Physician:	
ASENCT/Annation of Eldersed Government Physician.	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE Was Sturipped O+
DFFICIAL DESIGNATION	DATE EXAMINED 7-29-21