MEDICAL CERTIFICATE

(For Employment)

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
Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS	
AGOWAMO	, JULE BEE	DBM-USU Visca, Baybay City, Ceyte			
ADDRESS				Vicca. Baybay City Utyle	
AUBARIO 8	NBP., POD - 30N	VI30(1 - 30) - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			
AGE	SEX	CIVIL STATUS		PROPOSED POSITION	
34	FEMME	MAKKED		INSTRUCTO R I	

FOR THE LICENSED GOVERNMENT PHYSICIAN

SARAH AURORA W. TABADA, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III Livense No. 015316			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (A)	WEIGHT (KG)	BI OOL
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
LICENSE NO.	ematurh/colony		BLOOD TYPE
LICENSE NO. OFFICIAL DESIGNATION	Bare Foot	Stripped 52-9	

100 SD