MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS			NORTH THE PROPERTY OF THE PROP	-	
	b. Attach this certification c. The results of the formust be attached to the Blood Test Drinalysis Chest X-R Drug Test Psycholog	t ay	d reemployment.				
	FOF	R THE PROPOSED AP	POINTEE				
NAME (Last Name	First Name, Name Extension (if	AG	AGENCY / ADDRESS				
	ILLO, EDGARDO	DEPARTMENT OF MECHANICAL ENGINEERING					
ADDRESS 540 F. Ct	LEDIO, DAMULAAN		VITATAL STATE UNIVERSITY				
AGE	AGE SEX CIVIL STATUS			PROPOSED POSITION			
36	MALE	SINGLE	INSTRUCTOR !				
		•				_	
	FOR THE	LICENSED GOVERNM	ENT PHYSI	CIAN			
l hereby above named	certify that I have revie	ewed and evaluated the attached a/her to be physically and medical	examination result y ロギバ ロUNFIT	ts, personally e for employmen	examined the		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLT, SUPNET-GUINOCOR, M.D. Medical Officer III License No. 111828			OTHER IN	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affilia	tion of Licensed Government	ent Physician:					
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 50 · 2	BLOOD TYPE	BP: 9	10/4
OFFICIAL DESI	GNATION		DATE EXAMINE	D 1-24-	1 1 2 1		