## MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS				
b Attach this certificate c The results of the folio must be attached to this Blood Test Urinalysis Chest X-Ray Drug Test Psychologica		reemployment.			
	THE PROPOSED APP	POINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AC	AGENCY / ADDRESS		
OLANA, KENNY OK ADDRESS Brgy, Gabas, Box	RIEL ARANAS	Colleg	e of V. Baybay	et. Med.	
J1'	ZIVIL STATUS	PRO	OPOSED POSIT	ION	
28 Male	Single	Fa	culty		
FOR, IHE LI	CENSED GOVERNME	NT PHYSI	CIAN		
I hereby certify that I have reviewed above named individual and found <u>him</u> /	er to be physically and medically	xamination result	ts, personally of for employme	examined the	
SIGNATURE over PRINTED NAME OF LICENS  MERRY (HRIST L. SUPNE)  Medical Offic  License No. 13		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government	Physician.				
LICENSE NO	3	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION		DATE EXAMINE			

7-20-19