MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS			
	b. Attach this certifical c. The results of the formust be attached to the Blood Test Urinalysis Chest X-R Drug Test Psycholog	ay	reemployment.		
		R THE PROPOSED APP	POINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDR	AGENCY / ADDRESS	
REOMA, REY MAKEIN LUMBRE			VISAMAS STATE Y	inima on,	
SITO TINAGO, GAMBAS, BAMBAM CITY, LEYPE			Visca, BAMPAM COM, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSI	TION	
26	MARE	SINGLE		and the second s	
	rtify that I have revie	LICENSED GOVERNME wed and evaluated the attached e Wher to be physically and medically	xamination results, personally		
	RINTED NAME OF LICE	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
LICENSE NO.	V V		HEIGHT (M) WEIGHT (KG) Bare Foot Stripped	BLOOD TYPE O†	
OFFICIAL DESIGN	ATION	DATE EXAMINED			