McOkar Otpicer W

OFFICIAL DESIGNATION

## MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS				
b. Attach the c. The resumust be att	nis certificate to ults of the following tached to this for Blood Test Urinalysis Chest X-Ray Drug Test Psychological 1		employment.	ysician.		
	FOR T	HE PROPOSED APPO	INTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS			
Soroño, Triana, Faustino  ADDRESS  Brgy. Consuegra, Leyte, Leyte			- Visayas State University, Visca, Baybay City, Leyte, 6521			
AGE SEX CIVIL STATUS			PROPOSED POSITION			
26 Fen	26 Female Single			Instructor I		
I hereby certify that I I above named individual and	have reviewed I found him/ <u>he</u>	ENSED GOVERNMEN  I and evaluated the attached exact to be physically and medically to	mination results	s, personally e	examined the	
SIGNATURE over PRINTED NA	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE					
AGENCY/Affiliation of Licensed Government Physician:  TACUSAN CUY HOS PITAN						
PRC # (1895)			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	

DATE EXAMINED

worly I