## MEDICAL CERTIFICATE

(For Employment)

			31				
		INSTR	UCTIONS	3	Marie States Control Control Control Control	en de grand de la región y medio des consideran de conside	
a. This medical certificate should be accomplished by a licensec					vernment p	hysician.	
	<ul><li>b Attach this certifical</li><li>c. The results of the formula</li></ul>	ite to original appoint	ment, transfer a nent medical/p	and reempi hysical/psy	oyment.	ı	
	must be attached to the	his form:	**				
	☐ Blood Tes ☐ Urinalysis						
	☐ Chest X-R	Ray			t		
	☐ Drug Test☐ Psycholog						
		ychiatric Examination	(if applicable)				
and the second of the second o					-		
	FO	R THE PROP	OSED AF	POIN.	TEE		
IAME (Last Name, F	First Name, Name Extension (if	any) and Middle Name)			AC	GENCY / ADDRE	SS
REGTOR ICHAISTAN MIKHAEL D.					· · D	egus trap	
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	FOR THE	LICENSED C	BOVERNA	MENT	PHYSI	CIAN	
I hereby co	ertify that I have revie	ewed and evaluate	d the attache	d examina	ation resul	ts personally e	examined the
bove named in	dividual and found hin	n/her to be physical	lly and medica	ally PIT	/ DUNFIT	for employmen	nt.
IGNATURE over I	PRINTED NAME OF LICE	ENSED GOVERNMEN	NT PHYSICIAN:	T	OTHER IN	FORMATION AS	BOUT THE
	Elwin Jay V. Y.	u, M.D.			PRO	POSED APPOIN	ITEE
	Chief of Hosp License No. 09	pital	4,7 199				
GENCY/Affiliatio	on of Licensed Governm			-			
		one injuriorani.					
IOFNIOT NO			is i	- N			
ICENSE NO.				H	Bare Foot	WEIGHT (KG) Stripped	BLOOD
				11	19 cm	81 kg	04

7-21-2020