## MEDICAL CERTIFICATE

(For Employment)

		8 Y <sub>3</sub>	18	÷.			
		INSTRU	CTIC	SNC			
	b. Attach this certific. The results of the must be attached to the proof of the pr	Fest sis K-Ray	ent, tran	nsfer and ree cal/physical/	mployment.	ysician.	
	F	OR THE PROPO	SED	APPOI	NTEE		
VAME (Last Name, Fi	rst Name, Name Extensio	n (if any) and Middle Name)	4.1		AGE	NCY / ADDRE	SS
DMA	REYMAR	CATADMAN	,	1	VISCA	BAYBA	y city
The state of the s	, VISLA, BA	YBAY CITY		, , ,			
Z5	MALE MALE	CIVIL STATUS  MARKED		Al.		POSED POSITI	ION
	FOR THE	LICENSED G	OVEF	RNMEN	T PHYSIC	IAN	THE RESERVE AND THE PROPERTY OF THE PROPERTY O
I hereby ce above named ind	ertify that I have redividual and found	viewed and evaluated him/her to be physically	the atta	ached exan	nination results	s, personally e for employmer	xamined the
SIGNATURE over P	LIPARII SURIAMIA MARINA	PNET GUINOCOR, M.D.	PHYSIC	CIAN,	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation	n of Licensed Gover	ment Physician:					
LICENSE NO			1 1	1 .5	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 87 kgs-	BLOOD TYPE
OFFICIAL DESIGN	NOITAL			4. 2.	DATE EXAMINED	8-12	áso