MEDICAL CERTIFICATE

(For Employment)

a. This medical certificate should be accomplished by a licensed government physician.
b. Attach this certificate to original appointment, transfer and reemployment.
c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

Blood Test
Urinalysis
Chest X-Ray (last: Aug 2a21)
Drug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
∞HAV	ILLO, EDGARDO	CEQUIÑA	VSU, Visca BAYBAY CITY,	
ADDRESS			LEYTE	
AGE SEX CIVIL STATUS		CIVIL STATUS	PROPOSED POSITION	
38	MALE	Single	INSTRUCTOR 1	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically [
SARAH AUROKA W TABADA, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Ligense No 20335)			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.		WEIGHT (KG) Stripped	BLOOD TYPE
	1.65	51-2	Bt
OFFICIAL DESIGNATION	DATE EXAMINED		
	7-6-22		

110/80

⁺ UNDOCCIOS ted for CONTID-101 - LOST RAT (NEWATIVE) - 6/27/22.

⁺ class c - Hypertennion (Controlled)