OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTION	S
	b. Attach this cert c. The results of t must be attached Blood Urinal Chest Drug	Test • ysis X-Ray	and reemployment. hysical/ psychological
	F	OR THE PROPOSED A	PPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
ORIAS , ANGELITA BANANAC			VISAYAS STATE UNIVERSIT
BRGY. BALOCAWE, ABUYOC, LEYTE			BAY BAY CITY, LEYTE
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	F	SINGLE	INSTRUCTOR
l hereby above named	y certify that I have r	E LICENSED GOVERNI Teviewed and evaluated the attache I him/her-to be physically and medic	MENT PHYSICIAN d examination results, personally examined the ally—DFIT / DUNFIT for employment.
	MERRY (HRISTI I, SU Medical C License No ation of Licensed Gove		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.			HEIGHT (M) WEIGHT (KG) BLOOD

DATE EXAMINED

BP: 90/40

8-27-202