## MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS				
b. Attach this c. The results must be attac BI Ur Cr Dr	al certificate should be accomplished by a licer certificate to original appointment, transfer and of the following pre-employment medical/phys hed to this form: ood Test inalysis nest X-Ray ug Test sychological Test euro-Psychiatric Examination (if applicable)	reemployment.	•		
	FOR THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Ex	AG	AGENCY / ADDRESS			
Paguibulan, Paula	DLAB	DLABS / VSU			
Bgy Bagumbayan throngos, leyte		Visca Bourtay Gity,			Andreas Andrea
AGE SEX	AGE SEX CIVIL STATUS		PROPOSED POSITION		
34 Fema	le Married	/mg	Instructor I		
I hereby certify that I ha	HE LICENSED GOVERNME ve reviewed and evaluated the attached e und him/her to be physically and medically	examination result	s, personally e	examined the	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  SARAH AURORA W. TABADA, M.D.  Medical Officer III  Micense No. 6153171			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
SARAH AURORA	W. TABADA, M.D.				-
SARAH AURORA Modical License No	W. TABADA, M.D. Officer III DU311				
SARAH AURORA	W. TABADA, M.D. Officer III DU311	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD TYPE	51
SARAH AURORA Medical License No AGENCY/Affiliation of Licensed G	W. TABADA, M.D. Officer III DU311	PROI	WEIGHT (KG) Stripped	NTEE BLOOD	3