MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

c. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	al/psychological
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
PLEVIOS, MARY CRU F. ADDRESS MATANAY HILUNGS, LETTE	Vau, BAYBAY
AGE SEX CIVIL STATUS	PROPOSED POSITION
27 F Single	PERMANENT
FOR THE LICENSED GOVERNMEN I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
MERRY CHRIST'L T. SUPNET-GUIVOCOR, M.D.	
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE Work Work Weight (KG) BLOOD TYPE Work Work Weight (KG) BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
	1-28-27