MEDICAL CERTIFICATE

(For Employment)

				9	
		INSTRUCTIONS	S		
	b. Attach this certificate c. The results of the fo must be attached to th Blood Test Urinalysis Chest X-Ra Drug Test Psychologi	ay	and reemployment.		
	FOR	THE PROPOSED A	PPOINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGI	AGENCY / ADDRESS	
Layan, Jessie James D. ADDRESS			Visc	Visayas state University	
San Vicente, Población, Dango, Botol					
AGE SEX CIVIL STATUS		PRO	PROPOSED POSITION		
22	Male	Single	Instructo	Instructor 1	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			***	
	FOR THE L	ICENSED GOVERNI	MENT PHYSI	CIAN	
I hereby cei above named indi	rtify that I have reviewividual and found him.	wed and evaluated the attached her to be physically and medica	d examination results ally □ FIT / □ UNFIT	s, personally examined the for employment.	
SIGNATURE over P	RINTED NAME OF LICI		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AM.	RRY CHRIST'L T. SUPNET-GU	NOCOP M D			
	of Licensed Governme	1			
AGENCI/Alillation	OI LINESPIEC OFFICE INTE	aca iysician.	Section & Section 16		
LICENSE NO.		HEIGHT (M)	WEIGHT (KG) BLOOD		
			Bare Foot	Stripped TYPE	
OFFICIAL SECTOR		161 cm	48 kg		
OFFICIAL DESIGNA	ATION	DATE EXAMINE	DATE EXAMINED		
			9	8-8-18	
1					

11-100