MEDICAL CERTIFICATE

(For Employment)

(1 of Employment)	,
INSTRUCTIO	DNS
a This medical certificate should be accomplished b b. Attach this certificate to original appointment, trans c. The results of the following pre-employment medic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applica	sfer and reemployment. cal/physical/ psychological
FOR THE PROPOSED	APPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
CAVITE, FRANCE ALLAN MOLATO	VISA-HAS STATE UN WERSTY
ADDRESS .	BAYBAY CITY
BONTOC, HINDANG, LEYTE	
AGE SEX CIVIL STATUS	PROPOSED POSITION
28 M SINGLE	INSTRUCTOR
FOR THE LICENSED GOVER	NMENT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attac above named individual and found him/her to be physically and me	dically
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICI	AN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
Elwin Lev V. VIII 84 D	
AGENCY/Affiliation of Licensed Government Physician.	
LICENSE NO	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
	160 cm 59.7kg "00
OFFICIAL DESIGNATION	DATE EVAMINED

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