MEDICAL CERTIFICATE

(For Employment)

resource and administrative of the state of						
	9.	INSTRUCTIONS				
	b. Attach this certificat c. The results of the formust be attached to th Blood Test Urinalysis Chest X-Ra Drug Test Psychologia	ау	d reemployment.			
	FOR	THE PROPOSED AP	POINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	AGENCY / ADDRESS		
GAPASIN, CIEDELLE HONEY LOW DIMALIG			VISAYAS	VISAYAS STATE UNIVERSIM,		
ADDRESS			VICCOA	VISCA, BAYBM LEYTE		
BRGY.	GUADALUPE,	BABAY CITY, LEYTE	V 13 O(1	7 01175	700410	
AGE	SEX	CIVIL STATUS	PRO	PROPOSED POSITION		
37	F	MARRIED	pres	REGULAR - TEMPORARY		
	rtify that I have revie	ICENSED GOVERNM wed and evaluated the attached ther to be physically and medicall	examination result	s, personally e		
SIGNATURE over P	to the second se	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
	of Lipensed Governme	nt Physician:		,		
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
			1.54 m	545-19	0+	
OFFICIAL DESIGN	DATE EXAMINE	<u>'</u>	~			
			15	12-21-2020		

BP--