MEDICAL CERTIFICATE

(For Employment)

		rika dika dika bankan unungan menangan kerina dika dika dika dika dika dika dika dik				
		INSTRUCTION	S			
	b. Attach this certific c. The results of the must be attached to Plood Te Urinalysis Chest X-I Drug Tes Psycholo	st Ray	and reemployment. hysical/ psychologica			
	FO	R THE PROPOSED A	PPOINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	AGENCY / ADDRESS		
VILLARUEL JENEEN JHON MANAGRANAG			VSU	VSU		
ADDRESS Visca	Baybay City					
AGE	SEX	CIVIL STATUS	PRO	PROPOSED POSITION		
32	MALE	SINGLE	SECUR	174 GUAR	0	
	certify that I have rev	LICENSED GOVERN	ed examination result	ts, personally e		
above named individual and found him/her to be physically and medically of SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: SARAH AURARA W. TABADA, M.D. Medical Officer HI License No. 21(7.3) 1.1			OTHER IN	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliati	on of Licensed Govern	nent Physician:	1.2 more has constit			
ICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
			1-70m	78370	A+	
OFFICIAL DESIGNATION			DATE EXAMINE	DATE EXAMINED		
			1/2	5 22		