MEDICAL CERTIFICATE

(For Employment)

		(1 of Emplo	ymony			
tacvatusinovantusaantunnevin navaheume		INSTRUC	TIONS			
	b. Attach this certification. c. The results of the must be attached to Blood Terminallysis. Chest X-fung Test Psycholo	st s Ray	t, transfer and red medical/physical	employment.	ysician.	
		R THE PROPOS	SED APPO			
IAME (Last Name, First Name, Name Extension (if any) and Middle Name) CASTIL, JHONOUEL ROMBLON				AGENCY / ADDRESS		
ADDRESS (M	aurus, Baybon C	αĄ		2	USV	
AGE	SEX	CIVIL STATUS		PRO	POSED POSIT	ION
92	ŧ	SINGLE		YIM OK	II gold (
	by certify that I have revi		e attached exar	mination results	s, personally e	
above named individual and found him/her to be physically and medically Z				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
		him				
AGENCY/Affi	liation of Licensed Governn	nent Physician:				
LICENSE NO	Medical Of License No.	ficer III 111828	. (* *)	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION				DATE EXAMINED		

183.90 G

6-5-20