## MEDICAL CERTIFICATE

(For Employment)

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INSTRUCTIONS			
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r c. The results of the following pre-employment medical/physic must be attached to this form:    Blood Test   Urinalysis   Chest X-Ray   Drug Test   Psychological Test   Neuro-Psychiatric Examination (if applicable)	eemployment.		
FOR THE PROPOSED APPO	DINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AG	ENCY / ADDRE	SS
MAGNO, JESUGA MACALINAO	VGU,	UISCA	Bayba
bran tagak, Cangara Leute	Gty		
age sex civil status Female Married	PRO	POSED POSIT	ION
FOR THE LICENSED GOVERNME	NT PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRISTI, SUPNET-GUINCOR, M.D.,  Medical Officer IIII  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	-		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINE		

BP-110/70

8-19-20 20