MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS		
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physics 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)	AGENCY / ADDRESS	
BALDONADO, CHRISTIAN VIE PADUANO	_ Wu	
ADDRESS VIV., BATBAT CATT, LEYTE		
AGE SEX CIVIL STATUS	PROPOSED POSITION	
3 MALE MAPPHED	INSTRUCTOR I	
FOR THE LICENSED GOVERNMEN I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically.	amination results, personally examined the	
SIGNATURE over PRINTED NAME OF LICENSED/GOVERNMENT PHYSICIAN:		
MERRY CHRISTILT, SUPNET-GUI OCOR, M.D. Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE	BP: 130/9t
OFFICIAL DESIGNATION	172.5cm G3.2kg B+	190
	12-18-2020	
	12-10-2020	