MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	To design the second of the se
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and it 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)	reemployment.
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
DATZ, DEVIANNE JANE ESMAS	VISAYAS STATE UNIVERSITY!
BRGY. PANGASUGAN, BAYBAY CITY LEYTE	VISCA BAYBAY CITY LEYTE
AGE SEX CIVIL STATUS	PROPOSED POSITION
31 F MARKIED	INSTRUCTOR I
FOR THE LICENSED GOVERNME! I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically a	amination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTIT, SUPNE) GUINOCOR, M.D., Medical, Officer III License No. 111829 AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED 12-18-2020