MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licen b. Attach this certificate to original appointment, transfer and 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 APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) Toring, Prince Tapred, Paralso ADDRESS Bry Hipusngo Baybay City Lufte	Visca, Baylay City, Legte
AGE SEX CIVIL STATUS Single	proposed position Instructor
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached expression of the control of the c	xamination results, personally examined the
CHRISTELLE VENUS F. CAPUND, M.D. MEDICAL OFFICER III LICENSE NO. 0156881 GENCY/Affiliation of Licensed Government Physician: USHER VSM	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
Oltery	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE 163.5 CIL 70.4 Kg AT
Medical Officer /11	DATE EXAMINED 12 - 14 - 23