OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

		,				
		INSTRUCTIONS				
	b. Attach this certification. The results of the formust be attached to the Blood Test Urinalysis Chest X-R	st Ray	reemployment.	•		
	FO	R THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) DALIN-AS, DIANNE MAGLIN TE ADDRESS BRGY. KILIM BAYBAY CITY, IEYTE			AC	AGENCY / ADDRESS		
AGE SEX CIVIL STATUS			PR	OPOSED POSIT	ION	
28	F	SINCLE		INSTRUCTOR		
	ertify that I have revie	LICENSED GOVERNME ewed and evaluated the attached e m/her to be physically and medically	xamination resul	ts, personally e		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: 11828 MEDICAL OFFICER III			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation	n of Licensed Governm	ent Physician:				
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
			15ucn	EL TK		

DATE EXAMINED

8-22-19