LICENSE NO.

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b. Attach this certific c. The results of the must be attached to Blood Te Urinalysi Chest X- Drug Tes Psycholo	st s Ray	reemployment.
AMF (Last Name F	F O	R THE PROPOSED APP	
CANETE	Juy ANN	ABELA	AGENCY / ADDRESS
DDRESS	Jog HMO	MPTERMY	
IsnyA	NYA MACTAN LAPU LAPU CITY LEBU		Dept. of Wath and Physics Visca Paylony Lity Leyte
GE	SEX	CIVIL STATUS	PROPOSED POSITION
22	PENALE	SMOLE	SUBSTITUTE INSTRUCTOR D
	FOR THE	LICENSED GOVERNMEI	NT PHYSICIAN
l hereby ce bove named inc	ertify that I have revi	ewed and evaluated the attached ex m/her to be physically and medically	amination results, personally examined the ☑FIT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
	Chief of Hos	u, M.D.	· wone

50 (0) (ev

BLOOD TYPE,

WEIGHT (KG) Stripped

HEIGHT (M) Bare Foot

DATE EXAMINED

147-