MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS			
	b. Attach this certificate. The results of the formust be attached to the Blood Tester Urinalysis Chest X-R Drug Test	ау	reemployment.	•	
	FOI	R THE PROPOSED APP	OINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
AMOTO, MARTURE, GOSON ADDRESS BRGY. GUADQUET, BAYBAY CITY, LEYTS			MEDICINE, VSM, BAYRAY uty, LEVIE, POTLARNES		
AGE	SEX	CIVIL STATUS		POSED POSIT	
27	FEMALE	SWGIE	The same and the s	STRUCTUR	***************************************
		LICENSED GOVERNME			
		wed and evaluated the attached ex her to be physically and medically			
mon or different man in the second	SARAH AURORA W. T. Medical Officense No. OX	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
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LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION			DATE EXAMINED		

6-10-2022