## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r. The results of the following pre-employment medical/physic must be attached to this form:    Blood Test	eemployment.		
FOR THE PROPOSED APP	DINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS		
NARCISO CI BATHAN  ADDRESS  BAYBAY CMY, LEYTE	PHICA	184	20PS
AGE SEX CIVIL STATUS	PROPOSED POSITION		
53 M M	ABN	NW. A	UE
			7.0
FOR THE LICENSED GOVERNME	NT PHYSI	CIAN	
I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HISTLE, SUPNET GOOGR, M.D.  Medical Officer III  License No. 111228	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINE	D	
	1-9-10		

Ab. 119/4