AGENCY/Affiliation of Licensed Government Physician: Usv

111828

Medical Oppicer

UI

LICENSE NO.

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)	
INSTRUCTIONS	
a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys 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)	AGENCY / ADDRESS
Balaga, Cle Marven Palma	
ADDRESS 30 de Deviembre St. Zme 18. Baybay City lu	+
AGE SEX CIVIL STATUS	PROPOSED POSITION
30 Male Marriel	Instructor II
FOR THE LICENSED GOVERNME	NT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically	examination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: CHRISTELLE VENUS - LA NO.M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

BP 121/80

BLOOD TYPE 0

HEIGHT (M) Bare Foot

DATE EXAMINED

2-16-24

1-63

WEIGHT (KG)

Stripped

72-6