MEDICAL CERTIFICATE

(For Employment)

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			INSTRUCTION	S				
	b. Att.	ach this certificate e results of the fol be attached to thi Blood Test Urinalysis Chest X-Ra Drug Test Psychologic	ay	r and reer physical/i	mployment.			
		FOR	THE PROPOSED A	PPOI	NTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)					AGENCY / ADDRESS]
Reyes, mc. Fedeling ADDRESS Mirambel Subd. 10rgy. Galors Dauben City					Veu	Hogita)	
AGE	SEX))	CIVIL STATUS)	PRO	POSED POSIT	ION	1
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		V 2	•		0		7.	_
	F	OR THE L	ICENSED GOVERN	MEN	T PHYSIC	CIAN		
			wed and evaluated the attach /her to be physically and medi					
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: JOSEPH NE O ZAFICO, M.D. Medical Officer III					OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation	of Lic	censed Governme	nt Physician:		>			
LICENSE NO.					HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	BP
					157 cm	75 Kgp	A	nole
OFFICIAL DESIGNATION					DATE EXAMINED			
					1/11	18		