MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS				
	b. Attach this certification. The results of the must be attached to be attached to be urinallysis. Chest X-F. Drug Test Psychological Chest X-F.	st Ray	reemployment.			
	FO	R THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS			
BANDIBAS, YHENA LAZONA			VISAYAS STATE UNIVERSITY,			
GUADALUPE, BAYBAY CITY, LEYTE				BAYBAY	,	
AGE	SEX CIVIL STATUS		PROPOSED POSITION			
27	F MARRIED			DUSTRUCTOR 1		
l hereby ce above named ind	rtify that I have revi	LICENSED GOVERNME ewed and evaluated the attached e m/hec to be physically and medically	xamination result	s, personally e	examined the	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLT, SUNIT-GUINOCON M.D. Medical Officer III License No. 111828			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation	of Licensed Governm	ent Physician:				
ICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	bP:
OFFICIAL DESIGN	ATION		DATE EXAMINE	1.21.	. 15.25	