MEDICAL CERTIFICATE

(For Employment)

					Michel desired acceptance and the second			
		INST	RUCTIO	NS				
	a. This medical certificate b. Attach this certificate c. The results of the fol must be attached to thi Blood Test Urinalysis Chest X-Ra Drug Test Psychologic Neuro-Psych	to original appoir lowing pre-employ s form:	ntment, transi ment medica	er and reer l/physical/p	inployment.			
	FOR	THE PRO	POSED	APPOL	NTEE		CONTRACTOR	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) DEGORIO, JOVIE MARIEL, LAWAG					AGENCY/ADDRESS VSU / BAYBAY			
ADDRESS GUADA	ALUPE BAY	-BAY		3	, 100	(enrar	/	
AGE	SEX	CIVIL STATUS			- PRI	OPOSED POSITI	ON	
24	F	SING	LE		INST	PUCTOR I		
					1			
	FOR THE L	CENSED	GOVER	MENT	PHYSI	CIAN		
I hereby ce above named inc	ertify that I have review	ved and evaluate her to be physical	ed the attac	hed exam	ination result	ts, personally e for employmer	xamined the	
ELWIN TO YU, M.D. OF HOSPITAL LICENTE NO. 098800			NT PHYSICIAN		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation	n of Licensed Governmen	nt Physician:						
LICENSE NO.	e*	1 12	- 1		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped +2 For	BLOOD TYPE 0+	
OFFICIAL DESIGN	ATION			- 2 . [DATE EXAMINE	D		
			V.1. 2	1	8	NW		