MEDICAL CERTIFICATE

(For Employment)

1	NSTRUCTIONS				
a. This medical certificate should b. Attach this certificate to original c. The results of the following presults be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Ex	al appointment, transfer and re	employment.			
FOR THE	PROPOSED APPO	INTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
PENALOSA BERT C		450			
CARLIDAD, BAYBAY CITY,	LEYTS				
AGE SEX CIVIL STATUS		PROPOSED POSITION			
32 MALE SINGLE		INSTRUCTOR			
				**	
FOR THE LICEN	SED GOVERNMEN	IT PHYSI	CIAN		
I hereby certify that I have reviewed and above named individual and found him/her to be					
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physic	ian:				
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
		1.60	70.5	01	
OFFICIAL DESIGNATION		DATE EXAMINED			
		1-15-16			

149/800/kg