MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b. Attach this certificate c. The results of the fol must be attached to thi Blood Test Urinalysis Chest X-Ra Drug Test Psychologic	у	reemployment.
	FOR	THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
SONOHO, TRUANA, FAUSTINO ADDRESS			Dapl. of Agricultural Engineering, COF, V&U
BRGY. CONSUEGRA, LEYTE, LEYTE			Baybay Gity
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
22	F	single	INSTRUCTOR-1
	\		***
	FOR THE L	ICENSED GOVERNME	NT PHYSICIAN
		wed and evaluated the attached ex <u>/he</u> r to be physically and medically	kamination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T. SUPNET-CVINOCOR, M.D.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation	of Licensed-Governme	nt Physician:	
LICENSE NO.	2.77		HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE
OFFICIAL DESIGNATION			DATE EXAMINED