## MEDICAL CERTIFICATE

(For Employment)

	MACAGINA BANCO I MATININA CITAN BANCO PER DE CALLA JUNIO DE LOS PERSONOS DE LA PERSONA	INSTRUCT	ONS	
	b. Attach this certification of the formula of the	st s Ray	ansfer and re dical/physica	employment.
	FO	R THE PROPOSE	D APPO	INTÉE
AME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS
ENAMA, BELJUN P.			NSV	
ddress Paa	UGHSUGAN, B	SMBM CITY		
GE	SEX	CIVIL STATUS		PROPOSED POSITION
30	M	MARRIED		
l hereby i	certify that Lhave revi	LICENSED GOVE ewed and evaluated the at m/her to be physically and i	ttached exa	T PHYSICIAN  mination results, personally examined the  1FIT / DUNFIT for employment.
GIGNATURE over		ENSED GOVERNMENT PHYS	ICIAN:	OTHER INFORMATION ABOUT THE
E	Chief of Hospit License No. 098	tal		PROPOSED APPOINTEE
-6-	Chief of Hospi	tal 800		PROPOSED APPOINTEE
-6-	Chief of Hospit License No. 098	tal 800		PROPOSED APPOINTEE
-é-	Chief of Hospit License No. 098	tal 800		HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
AGENCY/Affiliati	Chief of Hospit License No. 098 ion of Licensed Government	tal 800		HEIGHT (M) WEIGHT (KG) BLOOD
AGENCY/Affiliati	Chief of Hospit License No. 098 ion of Licensed Government	tal 800		HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE