## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.	•	
FOR THE PROPOSED APP	OINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS		
LONGATANG, KLEER JEANN, GALGO	Visayas State University		
ADDRESS	140000		
Bigy. Poitag, Boybay, beyfe	Viri	ivergity	
AGE SEX CIVIL STATUS	PROPOSED POSITION		
34 F Married			
FOR THE LICENSED GOVERNME	NT PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
SARAH AURORA W. TABADA, M.D.	PROPOSED APPOINTEE		
Medical Officer III			
AGENCY/Affiliation of Licensed Government Physician:			
7102110 177 Himatorio Zisonosa Government i Hysiolari.	And a second		
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
	Bare Foot	Stripped	TYPE
	1600	H.M.	0+"
OFFICIAL DESIGNATION	DATE EXAMINE	D	hh. "r" wake are transfered as an aware of the second
	6-	6-24-22	