MEDICAL CERTIFICATE

(For Employment)

NEW PROCESSOR STATEMENT OF THE STATEMENT		INSTRUCT	ONS	AND AND AND THE SECOND STREET, SAME AND		
		cate should be accomplished te to original appointment, tra	by a licensed		ysician.	
c. The results of the following pre-employment medical/physical must be attached to this form:						
☐ Blood Test ☐ Urinalysis ☐ Chest X-Ray ☐ Drug Test						
	☐ Psycholog	ical Test chiatric Examination (if appli	cable)			
	FOF	THE PROPOSE	D APPO	INTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS		
GUMAMA	, ANALYN	MANA 6 BANA 6	1 /	NEN IN	ISCA IBA	•
PANGASUGAN BAJBAJ LETTE					re.	416
AGE	SEX	CIVIL STATUS		PROPOSED POSITION		
35	F	MARRIED	1	SCIENCE RE	SEARCH	ASSISTANT
#4000WCCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			y : "			
	FOR THE	LICENSED GOVE	RNMEN	T PHYSIC	IAN	
		wed and evaluated the any her to be physically and h				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MEMI UNIDI LI, NUME A MINUVE, M.J. Medical Officer XX License No. 111828						
AGENCY/Affiliation of Licensed Government Physician:						
LICENSE NO.		A second	2	HEIGHT (M) Bare Foot 153 - 2 Cm	WEIGHT (KC Stripped	BLOOD TYPE
OFFICIAL DESIGNATION				DATE EXAMINED		
			n" 2,"		5-27-8	U