INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

NAME (Last, First, Middle, or if married woman, Maiden Name) ABA, BERNA LOU L. ADDRESS 950 Legari Pareet Tanjay City, Nes. Ov.			AGENCY ADDRESS VSU, Baybay.		
ADDRESS 950 Lega Philipp		City, Nes. Or.	City,	leyse	
AGE 32	SEX Female	CIVIL STATUS Pingte	PROPOSED POSITION Instructor I		
	Pre-Employmen	t Medical-Physica	al Tests	`	
	4. Drug Test	ic Examination (I			7 (10
	FOR TH	HE PHYSICIAN			
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/undemployment					
ndividual and found he				1	STATE OF THE PARTY
employment PRINTED NAME/SIGNATUR	RE OF PHYSICIAN	nd medically fit/un	fit for	1	Stamp
employment PRINTED NAME/SIGNATUR JOSES NE D PRICIAL DESIGNATIONAL	RE OF PHYSICIAN ZAFICO_M D	nd medically fit/un	fit for	DRMATION A	Stamp

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