MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS		
Đ	b. Attach this certific. The results of the must be attached to Blood T Urinalys Chest X Drug Te Psychol	est sis -Ray sst	reemployment.	
	F	OR THE PROPOSED APP	OINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
CORTEG	, ANDY PHIL	Dept. of Civil Engline Viscoupes State Univer	eving	
ADDRESS			1 Courses State Univer	eitar
1257 Femiliana compet, Guadalupe, Berybay City			Visange State Vinital	
1257 thulia	na ampa-	Guadanise, Benjang Cry		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
25	M	Single	Instructor [
I hereby o		LICENSED GOVERNME	ENT PHYSICIAN	ed the
		nim/her to be physically and medically		
	PRINTED NAME OF LINE O. ZAFICO,	OTHER INFORMATION ABOUT T	HE	
Medica	al Officer III e No. 075699	PROPOSED APPOINTEE		
AGENCY/Affiliation	on of Licensed Govern	nment Physician:		
	USU HO	SPITAL		
LICENSE NO.	07869		OOD	
OFFICIAL DESIGNATION			DATE EXAMINED	
medical Officer in			7/15/19	