

CSC FORM NO. 11

PHILIPPINE CIVIL SERVICE

Medical Certificate

For PNP APPLICATION REQUIREMENT

1. This medical certification should be accomplished by a government physician
2. Attach this certificate to the original appointment and sworn affidavit.

NAME: **VILLAVER**
SURNAME

JAMAICA
FIRST

C.
M.I.

ADDRESS: **Guimbangcoan, SIBONGA, CEBU**

AGE: **21**

SEX: **F**

CIVIL STATUS: **SINGLE**

PROPOSED POSITION:

I hereby certify that I personally examine that the
Above named individual and found him/her to be physically and
Mentally fit for employment/enrollment

: **Affix documentary**
: **stamp**

FE LYNN R. TAMPON, M.D.

Municipal Health Officer
Sibonga, Cebu

: Cert No.

: Other information about
the appointee

Height (FT): **4'9"** BP (mmHg): **100/70mmHg** Weight: **38kg (Stripped)** Date examined: **10/23/17**

X-ray or Fluoroscopic result (if necessary)

Paid under OR #: 16197958

Paid at : Sibonga, Cebu

Paid on : 10/23/17