



ALMANSOORI SPECIALIZED ENGINEERING
HSEQ DEPARTMENT

INTER-OFFICE CORRESPONDENCE

DATE: _____

TO : _____

DIVISION : _____

This is to certify that the Pre – employment Medical Fitness Certificate of Mr. / Ms. _____ was reviewed and showed that he / she has _____.

He needs the approval of the Managing Director prior to employment.

Sincerely,

Dr. Edna Aricaya-Huevos
Health Advisor - HSEQ

F-777(A)
10-09-06



ALMANSOORI SPECIALIZED ENGINEERING
HSEQ DEPARTMENT

INTER-OFFICE CORRESPONDENCE

DATE: _____

TO : _____

DIVISION : _____

This is to certify that the Pre – employment Medical Fitness Certificate of Mr. / Ms. _____ was reviewed and showed that he / she is in _____.

He / She is Fit for Work / Unfit for Work.

Sincerely,

Dr. Edna Aricaya-Huevos
Health Advisor – HSEQ

F-777(B)
10-09-06