MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	10	Ν	S

- a. This medical certificate should be accomplished by a licensed government physician. b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

Blood Test Urinalysis Chest X-Ray

Drug Test

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, F	irst Name, Name Extension	AGENCY / ADDRESS		
LORETO,	RAFFT AND	DREW GARCIA	.1.61	
ADDRESS			VSU	
APT 89,	89, KILBOURNE ST, USW, BAT			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
33	M	single	Admin Officer V	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		FORMATION AB POSED APPOIN	
Christelle Venus, Count, M.O. AGENCY/Affiliation of Licensed Government Physician:			
	LIFIGUE	LAISIOUT	PI COD
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD

ysician:	Super Constraint and the state of the state			
	HEIG Bare	HT (M) Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	16	1	1064	nota
	DATE EX	KAMINE	D	

OFFICIAL DESIGNATION