MEDICAL CERTIFICATE

(For Employment)

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- 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-R

Chest X-Ray

☐ Drug Test ☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

Lambert	Anthony F	VSU IHS		
AGE 75	SEX NI	CIVIL STATUS Morrial		PROPOSED POSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that above named individual a								
SIGNATURE over PRINTED I	MIRRY (HISTI	ED GOVER	NOCOR, M.)	IAN:		FORMATION APPOIN	
AGENCY/Affiliation of Licen	sed Government	Physician:	828		-, &,			
LICENSE NO				, at	* , * *,	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD U TYPE
						1756	141 ks-	At
OFFICIAL DESIGNATION					- t t,	DATE EXAMINE	0	
		x* .*	**	1.75		Y Y	8-13-2020	