MEDICAL CERTIFICATE

(For Employment)

			CONTRACTOR CONTRACTOR CONTRACTOR		
	INSTRUCTIONS				
b. Attach this ce c. The results of must be attache Blood Urina Ches Drug	certificate should be accomplished by a lice rtificate to original appointment, transfer at the following pre-employment medical/phd to this form: d Test alysis st X-Ray i Test chological Test co-Psychiatric Examination (if applicable)	nd reemployment.			
	FOR THE PROPOSED AP	POINTEE			
NAME (Last Name, First Name, Name Extens	AG	AGENCY / ADDRESS			
	ERE				
ADDRESS	•			BANBAY CITY, US	
CARIDAD VORTE, MATA	LOM LEYTE	LACKAC O	DATE UNITOR		
AGE SEX CIVIL STATUS		PROPOSED POSITION			
24 M	ZINGLE	Instr	INSTRUCTOR 1		
FOR TH	IE LICENSED GOVERNM	IENT PHYSI	CIAN		
I hereby certify that I have above named individual and found	reviewed and evaluated the attached him/her to be physically and medicall	l examination result y ⊡FIT / □UNFIT	ts, personally e for employment	examined the	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTLE SUPNET GUILL COR M.D.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Amiliation of Licensed Gov	remment Physician:				
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION		DATE EXAMINE	DATE EXAMINED		

128/80 may

4-13-23