MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- 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, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
Amih	an, Guada	te Dala		DEPARTMENT	OF HURSING
ADDRESS					1 - 12-11-2)
Fone 4, Bray. Guada lupe, Baylony City, Cule			ACN		
	SEX	CIVIL STATUS	-	PROPOSED POSITION	
AGE	NOTIFIED BY THE CAMERO HONEY DESIGNATION OF STREET		A TOWN THE WAR HAND BOTH TO A	I I I W I W IM IM	1

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically	xamination result	s, personally e	xamined th	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
DR. CHINSTOW YEAR YEAR APAND AGENCY/Affiliation of Licensed Government Physician:				
YSN HOSPITAL				
D154 881	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			
MO III	12/22/23			