CS	Form	No.	21
Rev	ised 20	18	

MEDICAL CERTIFICATE (For Employment)

1	N	S	T	R	U	C	T	1	0	N	5

- 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

SALE	S, VUDE	NONE AYSGAN	DDC, VBU, VISUS
ADDRESS		1, Visis,	Boulon City,
AGE		CIVIL STATUS	PROPOSED POSITION
53	M	SMGIE	\$ 800c Prof-2
MONTH OF THE PARTY	APPARTONICAL INC. SECTION SECTION APPARTONICAL APPARTONIC		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have above named individual and foun	reviewed and evaluated the attached exident of the physically and medically and medically.	amination results, personally examined the FIT $/ \square$ UNFIT for employment.
	F LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
MERRY CHRIST'L T. SUPNET: GUINOCOR	MD.	PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

USU Hospital

HEIGHT (M) Bare Foot

100 1600 DATE EXAMINED

5/2/2014

WEIGHT (KG)

Stripped

AGENCY / ADDRESS

OFFICIAL DESIGNATION

LICENSE NO.

medical Officer III

11828

BLOOD

TYPE