MEDICAL CERTIFICATE

(For Employment)

		INSTRU	ICTIONS	
	b Attach this cer c. The results of must be attached Blood Unina Ches Drug Psyci	t Test ilysis t X-Ray Test hological Test	ent, transfer and ent medical/physi	reemployment.
ECONOMISSIONI STORE SEGRESSIONI CONTRACTOR CONTRACTOR	☐ Neur	o-Psychiatric Examination (i	f applicable)	MARIONATORS OF CONTROL HAND HAND STORES TO A SERVICIONARY OF MICHAEL STORES AND A SERVICE AND A SERV
	der gerein (1900-1904) (1904) der soller soller (1904-1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904)	o-Psychiatric Examination (i		OINTEE
		FOR THE PROPO		AGENCY / ADDRESS
EN/ ADDRESS	e, First Name, Name Extens	FOR THE PROPO ion (if any) and Middle Name)		
EN/ ADDRESS	e. First Name. Name Extens	FOR THE PROPO ion (if any) and Middle Name)		AGENCY / ADDRESS

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically AFIT / DUNFIT for employment. SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN OTHER INFORMATION ABOUT THE lay V. Yu, M.D. of of Hospital PROPOSED APPOINTEE EVI Licease No. 098800 AGENCY/Affiliation of Licensed Government Physician: LICENSE NO BLOOD HEIGHT (M) WEIGHT (KG) Bare Foot Stripped 148.cm 5/ kg OFFICIAL DESIGNATION DATE EXAMINED 7-21-22

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