## MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS		
b. Attach this ce c. The results of must be attache Bloo Urina Ches Drug	d Test alysis st X-Ray	reemployment.	
	FOR THE PROPOSED APP	OINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS	
VICUAS, NOPMAN ADDRESS			State University City, Leyle
Apt. 47, Usa, Duly,			
AGE SEX	CIVIL STATUS	PROPOSED POSITION	
31 Male	Morrier)	Coupeter Bugramer I	
I hereby certify that I have	HE LICENSED GOVERNME reviewed and evaluated the attached ed thim/her to be physically and medically	xamination result	ts, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRISTI T, SUPNET-60 NOCOR, M.D.  AGENCY/Affiliation of Licensed Government Physician:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KG) BLOOD TYPE
OFFICIAL DESIGNATION		DATE EXAMINE	

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