## MEDICAL CERTIFICATE

(For Employment)

(For Employment)	
INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
GURNE, NELLE D.	USU
DA JEU DESCA Blank our Gor	Visca, Bryby lite
AGE SEX CIVIL STATUS	PROPOSED POSITION
60 Male Morried	boss. Rug 4
* 1 - *	
FOR THE LICENSED GOVERNMEN	T PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached examples above named individual and found him/her to be physically and medically $\Box$ .	nination results, personally examined the FIT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INCORMATION ARGUIT THE

□FIT / □UNFIT	for employmer	nt.
OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
1.78	71 49	₽ <sup>†</sup>
DATE EXAMINE	DATE EXAMINED	
	Ulistia	
	HEIGHT (M) Bare Foot	PROPOSED APPOIN  HEIGHT (M) Bare Foot  1-78  7-1 15