MEDICAL CERTIFICATE

(For Employment)

INS	TRUCTIO	NS			
 a This medical certificate should be ac b. Attach this certificate to original appear. c. The results of the following pre-emp 	ointment, trans	sfer and ree	mployment.	ysician.	
must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test					
☐ Psychological Test ☐ Neuro-Psychiatric Examina	tion (if applica	ble)			
FOR THE PRO		APPOI			
AME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
BAGOT, MELJIN AYES	17	9 4	NSCA	+ hmy	try
GABAS, 1317 BM CAM, LETTE				ETTE	1)
GE SEX CIVIL STATUS			PRC	POSED POSITI	ON
35 M SIN	ule		Just	myor	
FOR THE LICENSED	GOVER	NMEN.	T PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluabove named individual and found him/her to be phys					
GNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PRESENTED BY V. YU, M.D. Chief of Hospital License No. 098800		IAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			1	15	
· · ·					
ICENSE NO.			HEIGHT (M)	WEIGHT (KG)	BLOOD TYPE
DFFICIAL DESIGNATION			DATE EXAMINED	GKZ	0108
THORE DESIGNATION	a series and a series of		DATE EXAMINEL		

06.09.2020