MEDICAL CERTIFICATE

(For Employment)

(1 of Employment)			
INSTRUCTIONS			and of medical annual control and control and annual control and annual control a
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.		
FOR THE PROPOSED APPO	DINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) Manieg Tr., Rodney Milleza ADDRESS Slb Purox S, Brogy Gabas, Badray City, Luytu AGE SEX CIVIL STATUS Sirgle	DCST PRO	DPOSED POSIT	,
FOR THE LICENSED GOVERNMEN			examined the
above named individual and found him/her to be physically and medically \Box	FIT / DUNFIT	for employment	t.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: (hristelle Verus), Capuno, M.D. Lic. Mic 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
956 861	Bare Foot	Stripped	TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		

u

100/70