## MEDICAL CERTIFICATE

(For Employment)

AMERICAN CONTROL OF THE CONTROL OF T	
INSTRUCTIONS	
a. This medical certificate should be accomplished by a license 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
ADDRESS Chiqui S.	NOW
In Su. Vin Danson cin	
AGE SEX CIVIL STATUS	PROPOSED POSITION
37 F M	Midical Office III
* 1	
FOR THE LICENSED GOVERNMENT 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 \$\mathbb{L}\$	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Elwin Jay V. Yu, M.D.  Chief of Hospital License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	pme
LICENSE NO.	HEIGHT (M) Bare Foot  Stripped  Stripped  D+
OFFICIAL DESIGNATION	DATE EXAMINED
	11/15/19
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