## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

	Blood Test	
1	Urinalysis	
	Chest X-Ray	
	Drug Test	
	Psychological Test	
	Neuro-Psychiatric Examination (if applica	ble

## FOR THE PROPOSED APPOINTEE

NAME (Last Name,	First Name, Name Extension	AGENCY / ADDRESS	
CANOT,	JENEFA LUCE	DEPARTMENT OF BIOLO-	
ADDRESS			GICAL SCIENCES, USU
BR61.	LINAU, DEMO	C CMY, LETTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
21	FEMALE	SINGLE	JUBSTITUTE INSTRUCTOR

## FOR THE LICENSED GOVERNMENT PHYSICIAN

	9-0-18			
OFFICIAL DESIGNATION	DATE EXAMINED			
	157 cm	60Kg	" 6"	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
AGENCY/Affiliation of Licensed Government Physician:				
MERRY CHRISTI I, SUPNIT-GINOCUR, M.D.  Medical Office III  License No. 111828			STATE OF THE PROPERTY OF THE P	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	amination result □FIT / □UNFI	s, personally e I for employm	examined the ent.	

110/20