MEDICAL CERTIFICATE

(For Employment)

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/psychological must be attached to this form:

Blood Test
Urinalysis
Chest X-Ray
Drug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
VILLHS, NORMAN			USU, Pray bay, Lexte	
ADDRESS	en e ^{n s} a en			
Apt. 47	. USU, Praymy,	Lette		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
32	Male	Married	Couputer Overgoner I	

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRIST'L T. SUPNET-QUINOCOR, M.D.			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	ler	77	' p+"
	DATE EVANINE	DATE EXAMINED	
OFFICIAL DESIGNATION	DATE EXAMINE		

MID