MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and reco. The results of the following pre-employment medical/physical must be attached to this form: Blood Test	employment.
FOR THE PROPOSED APPOI	NTEE
First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS

IAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS		
bantas	3 FOOL ND	Barachiel Dago		
ADDRESS		DLABS		
BARTO	UNI APARTA	FIT BREY. GUADOUNPE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
25	M		martitute Instructor	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically [3]				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
MERRY CHRISTILT, SUPNET SUINOCOR, M.D. AGENCY/Affiliation of Licensed Government Physician:				
WU Horpital				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	1.67	82	0	
OFFICIAL DESIGNATION	DATE EXAMINED 2 2 22			
medical officer III				