MEDICAL CERTIFICATE (For Employment)

		(ror Employment)				
		INSTRUCTIONS				
	b. Attach this certific. The results of the must be attached to Blood Tourinally. Drug Tourinal Psycho Neuro-I	Test sis K-Ray est llogical Test Psychiatric Examination (if applicable)	nd reemployment. rsical/ psychologic a		,	
-	the control of the co	OR THE PROPOSED AP	POINTEE		MANUAL PROPERTY AND ADDRESS OF THE PARTY AND A	
	irst Name, Name Extension	AG	SENCY / ADDRES	SS		
ADDRESS		NARC				
AGE	SEX	CIVIL STATUS	PRO	PROPOSED POSITION		
03	M	MAKMED				
	FOR THE	LICENSED GOVERNM	ENT PHYSI	CIAN		
I hereby co	dividual and found h	eviewed and evaluated the attached nim/her to be physically and medically	examination resul	ts, personally e for employment	xamined the	
MERRY CH	PRINTED NAME OF L IRIST'L S. EUINI MEDICAL OFFICE ICENSE NO. 11		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliatio	n of Licensed Gover	nment Physician:				
LICENSE NO.	2 1 2		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGN	NATION	DATE EXAMINE	DATE EXAMINED			

DATE EXAMINED

111891