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 Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.
FOR THE PROPOSED APPOINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
REYNALDO V. DOSDOS	ILFMU-OVPAF
ADDRESS VOU- CAM19US	121,401 0 0 (1)
AGE SEX CIVIL STATUS	PROPOSED POSITION
41 Malt MARIZIED	ADMIN HIDE VI
FOR THE LICENSED GOVERNMEN	T 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	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

above named SIGNATURE o AGENCY/Affiliation of Licensed Government Physician: VSU HOSPITAL, PROYERRY cury LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE CI 075699 DATE EXAMINED 8 OFFICIAL DESIGNATION Medical Offrey II 1/3/17