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/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, Fir	st Name, Name Extension (if	AGENCY / ADDRESS				
Dash	os REM	ILFMU-WAF				
ADDRESS						
V	in campu					
AGE	SEX	CIVIL STATUS,	PROPOSED POSITION			
42	MALE	MARRIED	ADMIN RIPE I			

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically [
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: JOHN E JOYCO, M.D. Medical Officer III License No. 075699	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Lidensed Government Physician:	7		
Vsa Horrin			
075699	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
medical opici	1/14	119	

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