## MEDICAL CERTIFICATE

(For Employment)

a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physi must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
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ADDRESS " WAGE GANGES, HOMPHON COTT, LETTE	VET MEND DEPROPRIMENT
AGE SEX CIVIL STATUS	PROPOSED POSITION
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FOR THE LICENSED GOVERNME	
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I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically in SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Why Chings T. Supply G. AGENCY/Affiliation of Licensed Government Physician:	NT PHYSICIAN  xamination results, personally examined the FIT / DUNFIT for employment.  OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
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