MEDICAL CERTIFICATE

(For Employment)

AGE SEX CIVIL STATUS PROPOSED POSITION AGE SEX CIVIL STATUS PROPOSED POSITION I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically afford the proposed APPOINTEE FOR THE LICENSED GOVERNMENT PHYSICIAN: OFFICIAL DESIGNATION OFFICIAL DESIGNATION ATTE EXAMINED						
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			INSTRUCTIONS			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) OMECH RAMPY GORGOMIS ADDRESS ADDRESS ADDRESS ADDRESS AGE SEX CIVIL STATUS PROPOSED POSITION FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DEFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE M AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) Bare Foot Stipped TYPE 1.74 m 98.7 kgs 00" DATE EXAMINED		b. Attach this certifica c. The results of the f must be attached to t Blood Tes Urinalysis Chest X-F Drug Test Psycholog	ate to original appointment, transfer ar following pre-employment medical/phy his form: st Ray gical Test	nd reemployment.		
ADDRESS CLARGO M. PREGO ST. AGE SEX CIVIL STATUS PROPOSED POSITION FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DEIT/ DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE MACHINE OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE TYPE LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD TYPE 1.74 M 98.7 Kg 00" OFFICIAL DESIGNATION DATE EXAMINED		FO	R THE PROPOSED AP	POINTEE		
ADDRESS WHICH CAN WELL AGE SEX CIVIL STATUS PROPOSED POSITION 19 NAME SINCLE INSTAUCON IN PERMATION FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physicially and medically PFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE M.M. CYM. C. J.	NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	AGENCY / ADDRESS	
FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) Bane Foot Stripped TYPE 1.74 m 96.7 kgs 604 OFFICIAL DESIGNATION DATE EXAMINED	ADDECC			VISMIBS STATE UNIVERSITY		
FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) BLOOD TYPE 1.74 m 98.7 kgs 00" DATE EXAMINED	e san mai lathaid, anna na na aige ann ann an an an ann an ann ann an					
FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE M. M. G. M. G. M. G. M. WEIGHT (KG) BLOOD TYPE LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD TYPE 1.74 M 98.7 kgs 604 OFFICIAL DESIGNATION DATE EXAMINED	AGE	SEX	CIVIL STATUS	PRO	POSED POSITION	
I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD TYPE 1.74 M 98.7 kgs 004	49	nave	SINCLE	INSTRUCK	on il perhatish	
PROPOSED APPOINTEE My Comer T. Sund Sund AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD TYPE 1.74 m 98.7 kgs "O" OFFICIAL DESIGNATION DATE EXAMINED	above named in	certify that I have revi	ewed and evaluated the attached n/her to be physically and medically	examination result	s, personally examined the	
AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 1.74 m 98.7 kgs "O" OFFICIAL DESIGNATION DATE EXAMINED	THE REPORT THE ACT OF THE PROPERTY OF THE PROP					
DATE EXAMINED Stripped TYPE 1.74 m 98.7 kgs 0 9	AGENCY/Affiliat	ion of Licensed Governm				
OFFICIAL DESIGNATION 1.74 m 98.7 kgs 000 DATE EXAMINED	LICENSE NO.					
The registration of the contract of the contra		118821	PRODUCTION OF THE PROPERTY OF THE PARTY OF T	A Company of the Comp		
h-vz. 21	OFFICIAL DESIG	GNATION	ern uit haltstelle titale tit, vieleke tit et et tit het halt ist till en meller skiel uit de kritiskelsen begin e mel	DATE EXAMINE	D	
					h-17. 22	