MEDICAL CERTIFICATE

(For Employment)

| | | INSTRUCTIONS | |
|------------------|--|--|----------------------------|
| | b. Attach this ce c. The results of must be attache Blood Urina Ches | d Test alysis st X-Ray i Test chological Test | and reemployment. |
| | | ro-Psychiatric Examination (if applicable) FOR THE PROPOSED AF | PPOINTEE |
| NAME (Last Name | | FOR THE PROPOSED AF | PPOINTEE AGENCY/ADDRESS |
| _ | e, First Name, Name Extens | | AGENCY / ADDRESS |
| RAMOS ADDRESS | e, First Name, Name Extens | FOR THE PROPOSED AF sion (if any) and Middle Name) | AGENCY / ADDRESS |
| RAMOS ADDRESS | a, First Name, Name Extens ,DONNA OH P | FOR THE PROPOSED AF sion (if any) and Middle Name) | VISA YAS STATE UNIVERSITY, |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
|---|--|----------------------|---------------|
| MERRY CHRIST I, SUPNING GUINOCOR, M.D. Medical Officer III License No. 111828 | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) | WEIGHT (KG) | BLOOD |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| LICENSE NO. OFFICIAL DESIGNATION | Bare Foot | Stripped | |