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, First Name, Name Extension (if any) and Middle Name) AGENCY / ADDRESS NAYRE, SYRENE VSU ADDRESS COGM, BAYBAY, VEYE AGE SEX CIVIL STATUS PROPOSED POSITION 28 Instructor 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_\(\sigma FIT / \subseteq UNFIT for employment) SIGNATURE OVER PRINTED NAME OF LIVENSED GOVERNMENT PHYSICIAN OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE License No. 111828 AGENCY/Affiliation of Licensed Government Physician LICENSE NO HEIGHT (M) WEIGHT (KG) BLOOD OF TYPE Bare Foot Stripped (w-24 1.49M OFFICIAL DESIGNATION

DATE EXAMINED

7-20-19