## MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS				
	b. Attach this certifica c. The results of the fi must be attached to the Blood Tes Urinalysis Chest X-R Drug Test Psychology	tay	d reemployment.			
	FOI	R THE PROPOSED APP	POINTEE			
	st Name, Name Extension (if les, Jessie  Dedro, Albuera		AG	ENCY / ADDRE	SS	
AGE 27	SEX Male	CIVIL STATUS Maniel	PRO	PROPOSED POSITION		
	FOR THE	LICENSED GOVERNMI	ENT PHYSI	CIAN		
l hereby cei above named indi	rtify that I have reviewidual and found him	ewed and evaluated the attached when to be physically and medically	examination result	ts, personally of	examined the t.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation	of Licensed Governm	ent Physician:				
LICENSE NO.			HEIGHT (M) Bare Foot 170 Cm	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNA	ATION		DATE EVALUATE	01		

12-15-23