## MEDICAL CERTIFICATE

(For Employment)

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- 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:

<b>Commands</b>				
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- Urinalysis
  Chest X-Ray
- ☐ Drug Test
- ☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

	e, First Name, Name Extens	ion (if any) and Middle Name)  Flow N V568	AGENCY/ADDRESS  VSLI
ADDRESS	BARY MAR	COS	
AGE T9	SEX	CIVIL STATUS	PROPOSED POSITION

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Venus F, Capuno, M.D.  Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
DIGENSE NO.	HEIGHT (M) Bare Foot  WEIGHT (KG) Stripped  TYPE  TAGE  BLOC  TYPE  THE STRIPPED TO THE STRIPP			
official designation	DATE EXAMINED 12 James Wy			