MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b. Attach this certific. The results of the must be attached to Blood T Urinalys Chest X Drug Te	est sis -Ray est	reemployment.
	F	OR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
BEUGALAU AUTOUNO GOLIQUIT			VISABAS STATE WINTERSAY
BROY PATTE, BYBY UTY			PHULATSHCAN, BATASAY 1475
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
54	V	WIDOWAL	Phomotra
	ertify that I have re	LICENSED GOVERNME viewed and evaluated the attached e im/her to be physically and medically	examination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation	n of Lidensed Govern		
OFFICIAL DESIGNATION			HEIGHT (M) WEIGHT (KG) BLOOD TYPE TYPE DATE EXAMINED
CVA 1			8/2W/W