
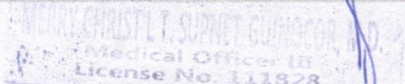


I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found <u>him</u> /her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.		HEIGHT (M) Bare Foot 170	WEIGHT (KG) Stripped 65	BLOOD TYPE O+
OFFICIAL DESIGNATION		DATE EXAMINED 12-14-22		