## MEDICAL CERTIFICATE

(For Employment)

	INSTRUCT	IONS			
a. This medical certificate b. Attach this certificate to c. The results of the follow must be attached to this for  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Neuro-Psychia	o original appointment, t wing pre-employment m orm:	ransfer and reemp edical/physical/psy	oloyment.	ysician.	
	THE PROPOSE	D APPOIN			
NAME (Last Name First Name, Name Extension (if any) and Middle Name)  PLAO, John Martin  ADDRESS  425 M.L. QUESTON Show Bombon City			VIU - DUAM		
	vil status Single	)		POSED POSITI	ION
FOR THE LIC	CENSED GOV	ERNMENT	PHYSIC	IAN	
I hereby certify that I have reviewed above named individual and found him/he					
EIWIN WE WAS A MEDICAL BOOK OF LICENSED GOVERNMENT PHYSICIAN:		SICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government R	Physician:				
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION		DA	TE EXAMINED	7072	