MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Lenifa Camilie Lapasanda	
AGE SEX CIVIL STATUS	PROPOSED POSITION
54 F Separated	70
FOR THE LICENSED GOVERNME	NT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached exambde above named individual and found him/her to be physically and medically	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affil ation of Licensed Government Physician:	-
VSU HOSPITAL	
ICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD
075699	Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
Medical Officer 4	1-3-18