## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- 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:

☑ Blood Test

☐ Urinalysis ☐ Chest X-Ray

☑ Drug Test

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name ANDA	e, First Name, Name Extens	VISAY AS STATE WIVERSITY	
ADDRESS WARNE	ERS #108, V		
AGE 30	SEX Ø	CIVIL STATUS	PROPOSED POSITION INSTRUCTOR (1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Very Control Lic. No. 0156881			
AGENCY/Affiliation of Licensed Government Physician:			
OICE M	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
. Medical Oppror W	5-le 2	4	