MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	10	N	S

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, F	First Name, Name Extension (AGENCY / ADDRESS		
Bravo, 1	Mae Ann Arsis			
ADDRESS			-111	
Cottage	L. buplex to	using 150, boy boy city, teyte	Phil Rootcrops	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
26	Female	Single	Instructor I	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically					
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: NERRY CRISTLT, SUPPLY SUNCCOR 118.28	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
MEDICAL OFFICER N AGENCY/Affiliation of Licensed Government Physician:					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE O+		
OFFICIAL DESIGNATION	01 23 2020				