MEDICAL CERTIFICATE

(For Employment)

N	S	T	R	U	C	TΙ	0	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	irst Name, Name Extens	AGENCY / ADDRESS		
PAONA	JOLEDA	Breoso	USAYAS CTATE UPIVERING	
ADDRESS	to my AUD I mort COLL to be to a collection of the first or the Later Collection of the AUD I make the first of the first		BULLA PAYOM UN,	
BRG4- 1	, ANG , NB	GROS OCCIDENTAL	VOUTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
27	MARE	MALNED		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically \Box FIT / \Box UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:	The state of the s			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
0111804	Bare Foot	97 kgs.	D [†]	
OFFICIAL DESIGNATION	DATE EXAMINED J			
municipal HEMAN AFICENT	4 AUG 1 1 2020			