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

e al	ached to this form.		
D	Blood Test		
	Urinalysis		
	Chest X-Ray		
	Drug Test		
	Psychological Test		
	Neuro-Psychiatric Examination	on (if applie	cable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
Man	ingo, Lyndo	Lucation	IHK	
ADDRESS		IIIK		
C3	Duplex VSU	campus		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
38	M	5	remp reg instructor	

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician Will, Medical Officer III License No. 111828			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	1-63	69	>
OFFICIAL DESIGNATION	DATE EXAMINED		
OFFICIAL DESIGNATION		-18-21	