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

FOR THE PROPOSED APPOINTEE

Neuro-Psychiatric Examination (if applicable)

Psychological Test

NAME (Last Name, Fir	st Name, Name Extens	V54, Visca, Daylay	
ADDRESS V 5 M I H	75		
AGE 45	SEX P	CIVIL STATUS	PROPOSED POSITION INSTRUCTOR 1 SUB

FOR, THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically	amination result	s, personally for employme	examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN MERY CHISTI I SUPPLICATION 11828 MEDICAL OFFICER III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician			
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 6.24	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
	7-3719		

no To