


I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found <u>him/her</u> to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN  J. L. SMITH, M.D. Medical Officer III License No. 33602A		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician			
LICENSE NO		HEIGHT (M) Bare Foot 161cm	WEIGHT (KG) Stripped 62kg
OFFICIAL DESIGNATION		BLOOD TYPE	
		DATE EXAMINED 7-8-19	