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-R Chest X-Ray Drug Test ☐ Psychological Test ☐ Neuro-Psychiatric Examination (if applicable) FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name) AGENCY / ADDRESS USU, DOPAC PROPOSED POSITION Instructor III 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 DFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. WEIGHT (KG) BLOOD HEIGHT (M) Bare Foot Stripped TYPE 015681 126-9 47 OFFICIAL DESIGNATION DATE EXAMINED Medical Officer 4-29-24

12/20