MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS			
	b. Attach this certificate. c. The results of the formust be attached to the Blood Test Urinalysis Chest X-R. Drug Test Psycholog	ay	reemployment.		
	FOF	R THE PROPOSED APPO	OINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
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	FOR THE I	ICENSED GOVERNME	NT PHYSIC		
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above named ind	ertify that I have revieusividual and found him	wed and evaluated the attached ex her to be physically and medically ENSED GOVERNMENT PHYSICIAN:	amination result	s, personally e. for employment.	e Michigano de la como de Michigano de Caracteria de Carac
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