MEDICAL CERTIFICATE

(For Employment)

Matter Continue and Continue an					
		INSTRUCTIONS	3		
	b. Attach this certifica c. The results of the f must be attached to t Blood Tes Urinalysis Chest X-R Drug Test Psycholog	ay	and reemployment.		
	FOI	R THE PROPOSED AP	POINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	AGENCY / ADDRESS	
ADDRESS			DAT. (OF HORTICUL TUP	
BRUT. GUA		1801 CITT			
AGE	SEX	CIVIL STATUS	PRO	POSED POSITION	
27	F	SINGLE		SRA	
I hereby ce above named ind	rtify that I have revie	LICENSED GOVERNM ewed and evaluated the attached n/her to be physically and medical	examination results	s, personally examined the	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: License No. 098800 AGENCY/Affiliation of Licensed Government Physician:				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
LICENSE NO.	ATION		HEIGHT (M) Bare Foot 153 Cm DATE EXAMINED	WEIGHT (KG) BLOOD TYPE 50.3 kg 0"	
				.]],	