MEDICAL CERTIFICATE

(For Employment)

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- 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

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

| | NITEZ, MA | US U | |
|---------|------------|--------------|-------------------|
| ADDRESS | STA. CRUZ, | BAYDAY CITY | 73.0 |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| SU | FEMALE | MARRIED | Professor V |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the above named individual and found him/her to be physically and | |
|---|---|
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PH' Christelle Vanus F (2004), N.D. License No. 156881 | /SICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |
| AGENCY/Affiliation of Licensed Government Physician: | |
| VSU 402 71 772 | |
| LICENSE NO. | HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE |

MEDICAL OFFI CER

OFFICIAL DESIGNATION

DATE EXAMINED 4-17-24 M

161

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AGENCY / ADDRESS

79.55