

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 <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
Elmer J. V. W. M., M.D. V.W.		me	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.		HEIGHT (M) Bare Foot 1.75	WEIGHT (KG) Stripped 80
	988W	BLOOD TYPE B	
OFFICIAL DESIGNATION		DATE EXAMINED	
CHIEF OF Hospital I		12/12/2016	