## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	1	0	N	S
---	---	---	---	---	---	---	---	---	---	---	---

- 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 Exter	sion (if any) and Middle Name)	AGENCY / ADDRESS
CAGAN	IDE , LOREI	DEPARTMENT OF	
ADDRESS DAHL	IA DORM.	AGRONOMY , VSU	
		•	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	F	S	INSTRUCTOR 1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OF DRINTED NAME OF LICENSER COVERNMENT BUNGLOUS			nt.		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN  Elwin Jay V. Yu, M.D.  Chief of Hospital  License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:	*				
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 55 ky	BLOOD TYPE A+		
OFFICIAL DESIGNATION	DATE EXAMINED	3/2			