## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- 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
8	Neuro-Psychiatric Examination (if applicable

## FOR THE PROPOSED APPOINTEE

49	h	h	Instruction	
AGE .	SEX	CIVIL STATUS	PROPOSED POSITION	
pray	LICUMA, OPA	wc cuty		
ADDRESS	DANO MEDAM	Des /vsu		
	me, First Name, Name Extension	AGENCY / ADDRESS		

## FOR, THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found <u>him</u> /her to be physically and medically	amination result	s, personally e for employmen	xamined the	
MERRY CHRISTILT, SUPPLY WINDOW,  AGENCY/Affiliation of Licensed Government Physician		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO	HEIGHT (M) Bare Foot 1-71 m	WEIGHT (KG) Stripped  \$2.6140	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED 7-1-19			