## 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 ar	AGENCY / ADDRESS		
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ADDRESS	J ' '		\/m.	
no	rws neubo	734		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
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## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER IN	FORMATION AB	OUT THE	
Word	PROPOSED APPOINTEE			
Christille Vinus (F) Capuno, M.D. Lieonee No. 156881				
AGENCY/Affiliation of Licensed Government Physician:	No. (The original			
Vou Hogifel				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
136881	169	64	11 5 11	
OFFICIAL DESIGNATION	DATE EXAMINE	D		
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