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

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)					AGENCY / ADDRESS		
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Bogn. (abana	Baub	a. C	ity		Bayloan	CA
AGE	SEX	CIVIL STATUS				SED POSITION	479
44	mala	Married		Welder-II			

FOR, THE LICENSED GOVERNMENT PHYSICIAN

OFFICIAL DESIGNATION	DATE EXAMINED +-9-19			
OFFICIAL DESIGNATION	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped C2 KGS-	BLOOD TYPE //	
AGENCY/Affiliation of Licensed Government Physician				
SIGNATURE OVER PRINTED NAME OF MENSED GOVERNMENT PHYSICIAN MEDICAL OFFICER III LICENSE NO. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	amination result	s, personally for employme	examined the	