MEDICAL CERTIFICATE

(For Employment)

I	N	S	T	R	U	C	T	10	N	5

- 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)

CALH	oun, MA Rio	Do 07			
ADDRESS	SON IPPICIO .J	TR. BRYBBY CRY, UTTE	DC CT		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
62	Female	MARRIED	ASST. PROF IT		

FOR THE LICENSED GOVERNMENT PHYSICIAN

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						
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE					

PROPOSED APPOINTEE

METURY CHRIST'L SUPNET - QUINOCON, MD AGENCY/Affiliation of Licensed Government Physician:

111 828

111

MO

1 KC4. HOSPITAL

HEIGHT (M) WEIGHT (KG) Bare Foot Stripped 1.575 78. Jas

OFFICIAL DESIGNATION DATE EXAMINED

4- 23 - 2024

LICENSE NO.

BLOOD

TYPE 0+

AGENCY / ADDRESS