MEDICAL CERTIFICATE

(For Employment)

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INSTRUCTIONS				
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and reco. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.			
FOR THE PROPOSED APPO	INTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS			
ADDRESS ADDRESS ADDRESS AGE SEX CIVIL STATUS	VCU PROPOSED POSITION			
57 MALE MARMED	FOREST PANGAN			
\	Tre.			
FOR THE LICENSED GOVERNMEN I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/h@r to be physically and medically	mination results, personally examined the			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OSEPHINE O. ZANICO, M.D. Medical Officer III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affyliation of Licensed Government Physician:				
OFFICIAL DESIGNATION	HEIGHT (M) Bare Foot Stripped Stripped DATE EXAMINED			
Medical Officer III	1 4 18			