## 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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AGE SEX	(CIVIL STATUS	PROPOSED POSITION	
204 M	casual	Cal. Tech ?	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

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AGENCY/Affiliation of Licensed Government Physician:	27041, W. 1 101			
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MERRY CHRIST'L T. SUPNET-O MOCOR, M.D. Medical Office III License No. 111828	PRO	PROPOSED APPOINTEE		
		OTHER INFORMATION ABOUT THE		
SIGNATURE over PRINTED NAME-OF-LICENSED GOVERNMENT PHYSICIAN:	,			
above named individual and found him/her to be physically and medical	NUFIT / DUNFIT fo	or employment.		
I hereby certify that I have reviewed and evaluated the attached				