MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licen b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment
FOR THE PROPOSED APP	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
SANGUILLARA JETURY BALIGUAT	Department of Plant Bruking orl Genetics, VSU, Brybry
AGE SEX COULSTATUS	City, lughe
AGE SEX CIVIL STATUS	PROPOSED POSITION
32 MARE SINFLE	Arnix - Porf. 1V
FOR THE LICENSED GOVERNMEN	
THE ENGLISH GOVERNMEN	
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically 🗹	amination results, personally examined the FIT / DUNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (KRISTI I, SUPNIT GLVCCOR, M.D., Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 167 69-3
OFFICIAL DESIGNATION	DATE EXAMINED