## MEDICAL CERTIFICATE

(For Employment)

11	NSTRUCTIONS	
a. This medical certificate should to b. Attach this certificate to original c. The results of the following premust be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Example	l appointment, transfer and re employment medical/physica	eemployment.
FOR THE F	PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  BEVOAUV, AUTOUIO POUGUIT  ADDRESS  BLOY: PATA CAPAY UTY		AGENCY / ADDRESS
AGE 50 SEX MHG CIVIL STAT	MAMMEO	PROPOSED POSITION
FOR THE LICENS	ED GOVERNMEN	IT PHYSICIAN
I hereby certify that I have reviewed and evaluation of the property of the pr	physically and medically	mination results, personally examined the CFIT / DUNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVE	ERNMENT PHYSICIAN:	PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician	n:	
LICENSE NO.		HEIGHT (M) WEIGHT (KG) BLOOD TYPE  173 cm 107 kg B+"
OFFICIAL DESIGNATION		DATE EXAMINED

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