MEDICAL CERTIFICATE

(For Employment)

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a.	This medical	certificate	should be	accomplished	by a license	ed government	t physician.
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b. Attach this certificate to original appointment, transfer and reemployment.

-	c. The results of the following pre-employment medical/physical/ psychological
1	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 Na	me, First Name, Name Extension (AGENCY / ADDRESS		
TOU	AC JUNUS, BUN	USU, VISCA, BAYDA.		
	Y. HIPUSNED, 1	CIFI, WYII		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
35	MALE	SINGLE	Instructor I	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically/	xamination result	s, personally e for employment	xamined the	(B)	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE				
Delas	PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:					
VSU HOSPITAL					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE A+		
OFFICIAL DESIGNATION	DATE EXAMINED				
Mo III	2/3/7075				