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

30	FEMALE	MARKIED	INSTRU CTOR		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
	ugan Byrbay cu	UTY, VEYTE			
DAIZ,	DEVIANNE JAME	VSW - CON / VISCA MAYBAY			
NAME (Last Name	e, First Name, Name Extension	AGENCY / ADDRESS			

FOR THE LICENSED GOVERNMENT PHYSICIAN

AND POPONI	I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically with the second se	examination result	s, personally for employme	examined th	
AN (N)	SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN OTH MERRY CHRISTLE SUPPLY SUPPL		ER INFORMATION ABOUT THE PROPOSED APPOINTEE		
	LICENSE NO	HEIGHT (M) Bare Foot 154 cm	WEIGHT (KG) Stripped	BLOOD TYPE	
	OFFICIAL DESIGNATION	DATE EXAMINED 2 - 14-19			

BP Holpon Ha