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 ☐ Urtnalysis 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 Maria lilia ADDRESS Mr. Cruz AGE SEX CIVIL STATUS PROPOSED POSITION 55 M P THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically \(\sigma FIT / \subseteq UNFIT for employment.\) SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE (NN Ch) Sylver. MONN AUMY AGENCY/Affiliation of Licensed Government Physician:

VCU LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 117827 44.8 154.8 At OFFICIAL DESIGNATION DATE EXAMINED 11-25-26

100/80