BARBOSA

Guadalupe

Female

ADDRESS

Zone

24

AGE

## 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 NAME (Last Name, First Name, Name Extension (if any) and Middle Name) AGENCY / ADDRESS MARKSH Dept. of Mant Poreding - 154

PROPOSED POSITION

Instenctor I

## FOR THE LICENSED GOVERNMENT PHYSICIAN

Single

ا hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERY CHISTI TO THE GUNCOR  11828 MEDICAL OFFICER III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 48.7K9	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		