

PHYSICAL FITNESS CERTIFICATION

(Name of Applicant)

(Address)

\_\_\_\_\_  
(Date of Birth)

Male

Female

B1 R Q E L Q D U \

INSTRUCTIONS TO + ( \$ / 7 + & \$ 5 ( 3 5 2 9 , ' ( 5:

Complete Part A unless certificate is limited --in which case complete Part B

A. I hereby certify that I have examined the above-named applicant and WIKD \ D U H  
physically qualified for lawful employment.

(Date of Physical)

(Signature of + H D O W K F D U H 3 U R Y L G H U)

(Address of + H D O W K F D U H 3 U R Y L G H U)

B. I hereby certify that I have examined the above-named applicant and WIKD \ ha Y H a  
disability that requires limited employment.

(1) Disability ---

(2) Occupation ---

(3) Employer ---

(Date)

(Signature of + H D O W K F D U H 3 U R Y L G H U)

(Address of + H D O W K F D U H 3 U R Y L G H U)

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.