

MEDICAL EVALUATION

This is to certify that I have determined that Eberline Instrument Corporation employee, _____ has no unusual medical conditions or physical impairments that would limit his normal duties of employment.

Base Line Blood Counts:

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal

Date 1-23-78



Physician's Signature **LOUIS H. ZUCAL, M.D. P.C.**
1300 Luisa Street
Santa Fe, New Mexico 87501

Please type:

Louis H. Zucal, MD P.C.

Signature Name

1300 Luisa St.
Street and No.

Santa Fe, New Mexico 87501

City State Zip

505 9834646
Telephone