

MEDICAL EVALUATION

| This is to certify that I have | determined that Eberline |
|--|--|
| Instrument Corporation employee | • |
| has no unusual medical conditio | ns or physical impairments |
| that would limit his normal dut | ies of employment. |
| Base Line Blood Counts: | |
| White Cell with Differentia | Normal // Abnormal |
| Hemoglobin 📉 Normal 🥂 A | bnorma l |
| in the second se | Physician's Signature D Luisa Street Santa Fe, physician Minica 27501 Please type: |
| · • | Louis H. Zucal,MD P.C. Signature Name |
| | Street and No. Santa Fe, New Mexico 87501 City State Zip 505 9834646 Telephone |