## 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

38	F	Single	te dassi gication
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
DDRESS Apt. 81 Kilbourn Drine VSU			
Ponce, Bethlehem Algodon			VSU, Baybony
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS

## FOR THE LICENSED GOVERNMENT PHYSICIAN

	DATE EXAMINED		
OFFICIAL DESIGNATION			
	2,2,	60 kgs	0
	Bare Foot	Stripped	TYPE
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
AGENCY/Affiliation of Licensed Government Physician:			
Lic. No. 0156881			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Oristelle Venus F. Capuno, M.O.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		