## MEDICAL CERTIFICATE

(For Employment)

| I | N | S | T | R | U | C | T | 10 | N | S |
|---|---|---|---|---|---|---|---|----|---|---|
|   |   |   |   |   |   |   |   |    |   |   |

- 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:

| e attached to this form. |                       |      |
|--------------------------|-----------------------|------|
| Blood Test               |                       |      |
| Orinalysis               |                       |      |
| Chest X-Ray              |                       |      |
| Drug Test                |                       |      |
| Psychological Test       |                       |      |
| Neuro-Psychiatric Exa    | mination (if applicat | ole) |

## FOR THE PROPOSED APPOINTEE

| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) |     |              | AGENCY / ADDRESS                |  |  |
|-----------------------------------------------------------------------|-----|--------------|---------------------------------|--|--|
| Dravador<br>address<br>MPKRIMEN                                       | 1   | V&N          | PRP67                           |  |  |
| AGE UO                                                                | SEX | CIVIL STATUS | PROPOSED POSITION Adm. Hide III |  |  |

## FOR THE LICENSED GOVERNMENT PHYSICIAN

| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRISTIT, SUPPLY GUINOCOR, M.D.  Medical Officer III | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |        |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------|
| AGENCY/Affiliation of Licensed Government Physician:                                                                      |                                                |        |
| LICÉNSE NO.                                                                                                               | HEIGHT (M) Bare Foot Stripped TYPE             | 10-100 |
| OFFICIAL DESIGNATION                                                                                                      | DATE EXAMINED                                  |        |
|                                                                                                                           | 1-1(4-10                                       |        |