MEDICAL CERTIFICATE

(For Employment)

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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

NAIVIE (Last Nam	e, First Name, Name Exten	sion (if any) and Middle Name)	AGENCY / ADDRESS
CARDA	NO, CHINELO	MENDES	Visca, Buybay City, leyfe
ADDRESS	orgy bundalup	6821 - A	
	31		The state of the s

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
OHG881	HEIGHT (M) Bare Foot (ST) Cm	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION Midial Officer ()	DATE EXAMINED		