## 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

NAME (Last Name, First Name, Name Extension (if a	ny) and Middle Name)	AGENCY / ADDRESS
RODRIGUEZ, ANNIE	FAMELA B.	10.70
ADDRESS RPHI RITENIANIC	TA, BAJBAY CITY	DIE
The state of the s	CIVIL STATUS	PROPOSED BOOKEON
30 F	SINGLE	PROPOSED POSITION [NSTRUCTOR 1]]

## 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:		2	
ICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
Medical Oppion 14	DATE EXAMINE 4-29-		