## 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

	First Name, Name Extension	AGENCY/ADDRESS  WIGAYAS (TATE UNVENUEY)		
20NE S. BAYMAY CITY			BAYRAY UTY	
AGE 24	SEX FTMANT	CIVIL STATUS	PROPOSED POSITION  INSTRUCTOR [	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MOVY AGENCY/Affiliation of Licensed Government Physician:		FORMATION A POSED APPOII	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED  3-18-23		