MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	0	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:

Blood Test
Urinalysis
Chest X-Ray
Drug Test
Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

	e, First Name, Name Extens	AGENCY / ADDRESS		
ADDRESS	1 800 PO LAVE	but ha, lette	box Wh batbat	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
24	M	MARRIED	Monotote-1	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically	xamination result	ts, personally e for employmer	xamined the nt.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTLE, SUPPLICATION OF LICENSE NO. 111828 AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION MEDICAL OFFICER III	DATE EXAMINED (2 - 1(- 2020)			