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:

| K | Blood Test |
|---|--|
| - | Urinalysis |
| - | Chest X-Ray |
| | Drug Test |
| | Psychological Test |
| | Neuro-Psychiatric Examination (if applicable |

FOR THE PROPOSED APPOINTEE

| | st Name, Name Extension (if | AGENCY / ADDRESS | |
|-----------------|-----------------------------|------------------|-------------------|
| | MES, A | VSU-65D | |
| ADDRESS VSW, | BAUBA | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 9+ | M | 81N6LE | |

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 | a mī nation result □FIT / □UNFIT | ts, personally e | xamined the |
|---|--|-------------------------|-------------|
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRIST'LT, SUPNET WOODR, M.D. Medical Officer III License No. 111828 | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD |
| | 1.71 | 75.5 | 0 |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| | C | 11-24-19 | |