## 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/mental examinations.
- c. The results of the following pre-employment medical/physical/mental examinations 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 any) and Middle Name)				AGENCY / ADDRESS
ALME	ERODA AT	RHUFO	MANATAD	X5U
ADDRESS				X 301
DPW	YSU, VISCI	i Baybo	as city, huste	
AGE	SEX	CIVIL STATUS		PROPOSED POSITION
Leo	male	Mars	iage	Legular

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex				
above named individual and found <u>him</u> /her to be physically and medically	MIFIT / LIUNFIT	for employm	ent.	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
MERRY CHRIST'L T. SUPNET-GONOCOR, M.D.				
AGENCY/Affiliation of Licensed Government Bysician.	*			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD U TYPE	
	154-	704	*	
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
	- 1-0-11			

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