

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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 any) and Middle Name) <i>ANDO, JENNIFER, EVANGELIO</i>			AGENCY / ADDRESS <i>AKMDO</i>
ADDRESS <i>DR. BOWEN, HAWAII CT, HITE</i>			
AGE <i>44</i>	SEX <i>F</i>	CIVIL STATUS <i>MARRIED</i>	PROPOSED POSITION <i>Administrative Officer II</i>

FOR THE LICENSED GOVERNMENT PHYSICIAN

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>ELWIN JAY V. YU, MD, MPH</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE <i>DM Type II</i> <i>Obese Class C</i>	
AGENCY/Affiliation of Licensed Government Physician: <i>VEN INFIRMARY HOSPITAL</i>			
LICENSE NO. <i>098800</i>	HEIGHT (M) Bare Foot <i>1.52m</i>	WEIGHT (KG) Stripped <i>80.1kg</i>	BLOOD TYPE <i>AB+</i>
OFFICIAL DESIGNATION <i>CHIEF OF HOSPITAL</i>	DATE EXAMINED <i>7/7/25</i>		