MEDICAL CERTIFICATE

(For Employment)

IN	IS	T	R	11	C	ГΙ	0	N	S

- a. This medical certificate should be accomplished by a licensed government or private physician.
- b. Attach this certificate to original appointment, transfer, and reemployment.

Neuro-Psychiatric Examination (if applicable)

c. The results of the following pre-employment medical/physical/psychological examinations must be attached to this form:

Blood Test
Urinalysis
Chest X-Ray
Drug Test
Psychological Examination

FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Extension	AGENCY / ADDRESS		
larrazab	al, Alama 60	abicat		
ADDRESS		DRS		
+24 A-Mal	bini ct. POb. ZM	es, Baylow aty		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
26	<i>‡emale</i>	angle	kegular permanent	

FOR THE LICENSED GOVERNMENT OR PRIVATE PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically				
SIGNATURE over PRINTED NAME of Licensed Government or Private Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Christelle Vewle. F Carrino M.D. AGENCY/Affiliation of the Licensed Government or Private Physician:				
V84 Hoopital				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
012 6881		Odly.	Ot'	
OFFICIAL DESIGNATION	DATE EXAMINED			
medical officer ly	27 August 2025			