MEDICAL CERTIFICATE

(For Employment)

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- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
Bans	iale Jay	Custodio	KU		
ADDRESS					
Mao	Anthor	lente			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
37	M	Single			

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example 1					
above named individual and found him/her to be physically and medically 🗹 FIT / 🗆 UNFIT for employment.					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE				

OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
	1.4m 4by
OFFICIAL DESIGNATION	DATE EXAMINED

t- 29-29