## 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: ☐ 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 Luna, Wheriam ADDRESS AGE SEX CIVIL STATUS PROPOSED POSITION 11 Married Admin. Dide 111 FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him to be physically and medically FIT / UNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE LICENSE 10.098800 AGENCY/Affiliation of Licensed Government Physician: V&U LICENSE NO.

098800

OFFICIAL DESIGNATION

HEIGHT (M)

Bare Foot

150

DATE EXAMINED

WEIGHT (KG)

Stripped

12-29-2012

BLOOD

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