MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	-		-		_				_	-	-		
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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
BX	NCALE, GL	orix e.	- DORT. OF HORTI
ADDRESS			USU, BAXBAY
- WARNER APT. NSI		U, BXYBXY CITY	CITY
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
, IT , FEMALE		SINGLE	· AGRIC: 1200 1

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination results, personally examined the FIT / \(\sum UNFIT for employment. \)
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
MERRY (HRIST I , SUPNET-GUINOCOR, 1), Medical Officer III License No. 111828	PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
1/SI, Hacaital	

	V54	Hospital
LICENICE NO		

VSU Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
111828	155cm 72kg		0+
OFFICIAL DESIGNATION	DATE EXAMINED		

Medical Officer TIL

5/2/204