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

Orinalysis

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		
NONVISO CE FORTHON	D. B. / -		
ADDRESS	TMIXOUTONDS		
Masky Buytay, Coute			
AGE SEX CIVIL STATUS	PROPOSED POSITION		
53 M M			

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	mination result	s. personally e	xamined the
above named individual and found him/her to be physically and medically	SFIT / DUNFIT	for employmer	nt.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN MERRY (HRISTI I, SUPNET-GUILLOW), M.D., Medical Officer MI License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician.			
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	5'6	72 kgs	A
OFFICIAL DESIGNATION	DATE EXAMINED		
	1- 9-19		

of 1 ms/