## MEDICAL CERTIFICATE

(For Employment)

1	VS	T	R	U	CT	10	N	S

- 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 No	ame, First Name, Name Extension	AGENCY / ADDRESS	
GER	OMO, PONEZ BANKI	WKAYAN STATE UNIVERSITY	
ADDRESS GA	BAS, DAYDAY CITY	MISCA, DAYDMY CITY, LOYTO	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
35	MALE	TROCLE	THYPUCTOR I

## 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	mination result FIT / □UNFIT t	s, personally of	examined the t.	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  SARAH AURORA W. TABADA, M.D.  Medical Officer III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	DW7
	165	73.5	10"	120/
OFFICIAL DESIGNATION	DATE EXAMINE	D	es, "y" special from the st. or with place to the	
	6	- 23-22	1.	