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 Na	me, First Name, Name Extension	AGENCY / ADDRESS	
RATILLA	, MARK . CA	DBM - VSU	
ADDRESS			
APT. 22, K	CILBOURNEST V	80, VISCA, BAYBAY C	CITY LETTE
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
29	MALE	SINGLE	AGOU ASSISTANT PROFESSOR 111

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	Obse I		
LICENSE NO.	HEIGHT (M) Bare Foot 162 cm	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
Chtof of Hospit T		9/4/2	

Bm : 31

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