ADDRESS

LICENSE NO.

OFFICIAL DESIGNATION

AGE

## 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/mental examinations 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 AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) Tabrosa DAGI Admin. Aide Morried PHYSICIAN FOR THE LICENSED GOVERNMENT I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment. SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE MERRY (HRISTLY, SUPNET-GUINOVOR, M.D. Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:

WEIGHT (KG)

Stripped

71.2

7-18-11

HEIGHT (M)

Bare Foot

1.505 DATE EXAMINED BLOOD

TYPE 0