## MEDICAL CERTIFICATE

(For Employment)

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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

	First Name, Name Exten	AGENCY / ADDRESS		
Fiscari	nas . Virgi			
ADDRESS			- recurty Dept	
	WU Can			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
(9	M	M	So III Regular	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached a bove named individual and found him/her to be physically and medically	examination result	ts, personally e	examined nt.		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:					
ICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD		
OIS3IT	Bare Foot	Stripped	TYPE		
	DATE EXAMINED				
Medical Officer III	9/28/21				

Class C: Employed but with cutain limitations à racing regular medication (theck-up (Hypertanion; banga frontatic Hyperphasis)