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 T.est
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

		on (if any) and Middle Name)	AGENCY / ADDRESS
ADDRESS	irmpu M	hombs, GABLS	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
41	M	M	

FOR THE LICENSED GOVERNMENT PHYSICIAN

DFFICIAL DESIGNATION	DATE EXAMINE	ED	
		The state of the s	
			1
ICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
MERRY (HRIST LICENSED GOVERNMENT PHYSICIAN: MERRY (HRIST LICENSED GOVERNMENT PHYSICIAN: Medical Officer III AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		