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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

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AGE	SEX	CIVIL STATUS	PROPOSED POSITION
38	M	Married	Admin Aide I

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 □FIT / □UNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician: Work thought the spring of the spring	medical Officer W	1-10-2			
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