## 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

47	M	MAKNIPO	CAM FOREMON		
AGE	GE SEX CIVIL STATUS		PROPOSED POSITION		
ADDRESS	E, LUCIO	C. JR.	049		
Dal t	- 11100	2 10			
NAME (Last Nam	ne, First Name, Name Exte	ension (if any) and Middle Name)	AGENCY / ADDRESS		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

	2-1-21			
OFFICIAL DESIGNATION	DATE EXAMINED			
	Ven	Stripped	TYPE	0
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD	1
MERRY CHRIST IT SUITED A INOCOR, M.D. AGENCY/Affiliation of Licensed Goyarometik Physician:				manufacture or a final property of the same description of the same descriptio
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			5.71
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically cyflowd.  SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	Imination result □PIT / □UNFI	ts, personally e T for employm	examined the ent.	0)