## 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

NAME (Last Nam	e, First Name, Name Extension	AGENCY / ADDRESS	
	SON, ARGIE	PALER	usu
ADDRESS	411/2 KILIM 8	SAIBAY CITY LE	VTE.
AGE	ISEX	ICIVIL STATUS	PROPOSED POSITION
53	MACE	MARRIED	PLUMBER FORMAN
		111109	10111011

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically [1]					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN.  MERRY (HIJT LT. SUPNET GUINA OR, M.)  Medical Officer III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD		
11/8 28	170	79	"Au		
OFFICIAL DESIGNATION	DATE EXAMINED				
medical office The		V-d-11			

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