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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS
tw, Kenneth Ortego		DRCJCJ
Potra Doutes C.L.	10.10	103, 120
AGE SEX	CIVIL STATUS	PROPOSED POSITION
24 M	Sinale	Instructor

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically.	amination results, personally examined the ${\it MFIT}$ / \Box UNFIT for employment.
SIGNATURE OVER PRINTED NAMEOE LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE "O"
OFFICIAL DESIGNATION CHIT 1 Harry J	DATE EXAMINED

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