## 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, Fire	st Name, Name Extension (if a	AGENCY / ADDRESS			
	O, MA.T	NSU, BAYBAY CITY,			
ADDRESS					
Apt.35 Ki	lbourne Dr. 1				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
62	Female	Married	Associate Professor V		

## 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 result F/T / □UNFIT f	s, personally e or employment	examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Mem (mg) T. Lynn fum AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
11) 8×9	1.5 meters	56 kgs	Ь
OFFICIAL DESIGNATION	DATE EXAMINED		
Mo m	W-5.2		