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

ADDRESS

APT. Co KUROUNE CT. WU. RAPARY CITY, LETTE

AGE

SEX

CIVIL STATUS

PROPOSED POSITION

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 2FIT / DUNFIT	s, personally for employme	examined the	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN MERRY CHRISTI 7, SUPPLY SUNCCOR, M.D. Miedical Officer III License No. 131828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician.				
LICENSE NO	HEIGHT (M) Bare Foot 151: 5	WEIGHT (KG) Stripped	BLOOD TYPE A	
OFFICIAL DESIGNATION	DATE EXAMINED	P1-8/-F		

120/50

mm thg