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:
 - Urinalysis
 Chest X-Ray

Medical Oppicer

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

- ☐ Drug Test☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

4-29.24

Modina	, Ris Meno	DRS, YSU, Visca,		
ADDRESS fax	Es, Benjou	lity, leste	Bayloay City, Leyle	
AGE	SEX M	CIVIL STATUS Mavvied	PROPOSED POSITION Asistand Prof. 14	

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				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Medical Officer I License No. 1118 AGENCY/Affiliation of Licensed Government Physician:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
VCU thosipetal				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			

M