MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

| č | a. This medical certificate should be accomplished by a licensed government physician. |
|---|--|
| ł | 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

| | First Name, Name Extension Peljun P | AGENCY / ADDRESS | |
|-----------|-------------------------------------|-----------------------|-------------------|
| ADDRESS / | 4, Beylon | VS4 | |
| AGE | SEX | CIVIL STATUS Married | PROPOSED POSITION |
| | FOR THE | LICENSED GOVERNME | NT PHYSICIAN |

| I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically \(\sigma FIT / \subseteq UNFIT for employment.\) | | | | |
|--|--|--|--|--|
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: ELWIN JAY V. Y.B. ACT. MEM. CHIEF OF HUBBER ALI | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | |

LICENSE NO.098800

AGENCY/Affiliation of Licensed Government Physician:

WEIGHT (KG) Stripped

OFFICIAL DESIGNATION

LICENSE NO.

TYPE

BLOOD

HEIGHT (M)

Bare Foot