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/mental examinations must be attached to this form:

Blood	Test
in chien	

☐ 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	
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ADDRESS	Control of the Contro		COL - 1V-1
ATZ	CPUZ BY	yrdy uty leyte	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
77	M	M	WEDER 11

FOR THE LICENSED GOVERNMENT PHYSICIAN

		12-8-N-		
DFFICIAL DESIGNATION	DATE EXAMINED			
	1.59	63.4kg	0+	
ICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
AGENCY/Affiliation of Licensed Government Physician:				
IGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
I hereby certify that I have reviewed and evaluated the attached explose named individual and found him/her to be physically and medically	ØFIT / □UNFI	for employme	ent.	