## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	1	0	N	S

- 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

28	Female	MARRIED	,*				
AGE	SEX	CIVIL STATUS -		1	PROPOSED P	OSITION	
ADDRESS	zaubay, vetn	E.		14.	NSV		
NAYR	E , SYRENE	PEREZ		et a			
NAME (Last Name	e, First Name, Name Extension	(if any) and Middle Name)		10	AGENCY / ADDRESS		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that	t I have reviewed and eva	luated	the atta	ched exa	mination result	s, personally e	examined the
SIGNATURE OVER PRINTED  MERRY CHR	NAME OF VICENSED GOVER STIT, SUPPLY GUINOCOR, M.D. redical Officer III rense No. 111828			1	OTHER IN	FORMATION AS	BOUT THE
AGENCY/Affiliation of Licer	nsed Government Physician:			·			
LICENSE NO.				1	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION		A	,1 ,1 ,1 ,1		DATE EXAMINE	(-W-20	