MEDICAL CERTIFICATE

(For Employment)

| Ν | S | T | R | U | C | T | 1 | O | Ν | 5 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

- 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)

| ADDRESS | nbis, Maria | - Il mu | | | |
|---------|-------------|--------------|-------------------|--|--|
| | Apt. 33, Ki | bourne 9-184 | VEV | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | | |
| 41 | F | M | Instructor 11 | | |

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 results, personally examined the FIT / □UNFIT for employment. | | |
|--|---|--|--|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE | | |
| MCAN UNIO LE VINE DUNO (XA) | PROPOSED APPOINTEE | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| 161 11 1 | | | |

LICENSE NO.

111828

54

HEIGHT (M)

Bare Foot

T

BLOOD TYPE

OFFICIAL DESIGNATION

DATE EXAMINED

22(1

WEIGHT (KG)

Stripped

AGENCY / ADDRESS

SIGNATIO

Mo 111

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