## 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:

Blood Test
Urinalysis
Chest X-Ray

Drug Test

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Nar	me, First Name, Name Extens	AGENCY / ADDRESS	
De Pac	dua, Eldon	Paren qu	
ADDRESS		VACU - DAGE	
Apartner	t 73 Visca	Lower campus, Baylow, le	94
Age	SEX SEX	CIVIL STATUS	PROPOSED POSITION

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I	have reviewed a	nd evaluated th	ne attached	examination	results,	personally	examined the
above named individual and							

Christelle Venus 1. Capung 11.0, Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
Melizal Ozarien III	T-1 , )41