CS Form	No.	21
Revised 20	18	

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MEDICAL CERTIFICATE (For Employment)

INSTRUCTIONS

a.	This medical	certificate s	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)

TAMBIS MARION MAGALONA

FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

ADDRESS		ouvre St, USM	Bony bony City
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
42	Male	Marriod	Ageor Pray 2
	FOR THE	: LICENSED GOVERN	MENT PHYSICIAN

AGENCY / ADDRESS

1771

man I make

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 PROPOSED APPOINTEE
Medical Officer II : License No. 111828	

AGENCY/Affiliation of Licensed Government Physician:			
Vsu Hospital			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
[[]]] [2]	Bare Foot	Stripped	TYPE

	1(1) 28	Bare Foot
	111700	166 cm
OFFICIAL DESIGNATION		DATE EXAMINED

AHON				DATE EXAMINED
	Medical	Of Giver	111	5/2/