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
Urinalysis
Chest X-Ray
Drug Test
Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	e, First Name, Name Exte	AGENCY / ADDRESS	
MARIL	LA, ANG	terds, usy	
ADDRESS			
Diama	nte Cottage, USC	1, Baybay City Leyfe	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	F	Single	Instrugart

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically———————————————————————————————————	amination result □ FIT / □ UNFI	s, personally e r for employme	xamined the ent.	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTILT, SUPPLY GUINOCOK IND.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			
		7-19-18		

BP ID IM