## 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 AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) NARCINCU PROPOSED POSITION PHYSICIAN THE LICENSED GOVERNMENT I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically 🗹 FIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE AGENCY/Affiliation of Licensed Government Physician: WEIGHT (KG) BLOOD LICENSE NO. HEIGHT (M) TYPE Bare Foot Stripped 52.2 0 1.5% DATE EXAMINED OFFICIAL DESIGNATION 12-19-M