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.

Neuro-Psychiatric Examination (if applicable)

c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

Blood Test

drinalysis

hest X-Ray

Drug Test

Psychological Test

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ADDRESS				AGENCY/ADDRESS	
PLA	WINEC (BAYBAY	CITY	Vallet	ĺ
AGE	SEX	CIVIL STATUS	NFY	PROPOSED POSITION	n

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 I	nmination results, personally examined the	•
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (LIKEL I SUPPLY COUNTY) Medical Officer III AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE TYPE TYPE TYPE	100-150 Ta
OFFICIAL DESIGNATION	DATE EXAMINED	