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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Psychological Test

■ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

FLOK ADDRESS	LES, ALICIA	Ņ	Vicca, Bay bay Cuty, Le	nte
BREY- G	SUADALUPB, 1	BANBAM CUTY, LEWIF		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
17	+	MARPIED	SUPERLIGHE ADMINISTRATIVE	OFFI CEN.

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exar	mination results, personally examined the					
above named individual and found him/her to be physically and medically 🗷 FIT / 🗆 UNFIT for employment.						
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INCORNATION ABOUT THE					

OTHER INFORMATION ABOUT THE

111

PROPOSED APPOINTEE Medical Officer II

AGENCY/Affiliation of Licensed Government Physician:

HOSPITAL

License No. 111828

1-62

HEIGHT (M) Bare Foot

Stripped BF

WEIGHT (KG)

72

AGENCY / ADDRESS

TYPE

BLOOD

DATE EXAMINED

OFFICIAL DESIGNATION

LICENSE NO.

1150

111828

Medical Opprin

11-6-24