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

Psychological Test

■ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
		IONAL CTATUO	DRODOCED DOCUTION	
SINGSOD ARGIE PALER			PPO	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example.	mination result	s, personally e	examined the	
above named individual and found him/her to be physically and medically &	IFIT / DUNFIT	for employment	ent.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
MERRY CHRIST'L T. SUPNET-GUNOCOR, M.D.				
AGENCY/Affiliation of Ticensed Government Physician:				
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
	Bare Foot	Stipped 3	1 Ate	
OFFICIAL DESIGNATION		DATE EXAMINED		
	9-1-31			