**ADDRESS** 

## MEDICAL CERTIFICATE (For Employment)

INSTRUCTIONS

	This			a la la colo la l	1	and the second second	1.			
١.	Inis	medical	centificate	snould	pe	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 NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

AGE	SEX	CIVIL STATUS	PROPOSED POSITION
37	+	m	Ã0 <u>11</u>
	FOR	THE LICENSED	GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa			
above named individual and found him/her to be physically and medically	TT / □UNFIT for employment.		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
MERRY CHRISTY S. GUINOCO NM.D.	PROPOSED APPOINTEE		
NATIONAL OF THE PARTY OF THE PA			

MEDICAL OFFICERIII LICENSE NO. 111828

GERALDO, MONA NENA

20015 O BROKE CITY IFATE

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M) Bare Foot

1.5

TYPE

OFFICIAL DESIGNATION

VEN INTIRMARY

LICENSE NO.

111828

DATE EXAMINED

BLOOD

MEDICAL OFFICER IT

1.12-2

WEIGHT (KG)

Stripped

421

AGENCY / ADDRESS

BUDGET OFFICE