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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AG	AGENCY / ADDRESS		
ANP	YISAYAS	STATE	UNIVERSITY			
ADDRESS	manamananan arabi salah salah dan dan dan dan salah				311/	
OVP						
AGE	SEX	CIVIL STATUS	PRO	PROPOSED POSITION		
55	+EMALE	MARRIED	ADMI	111. 722A UIMAA		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached	examination result	s, personally e	xamined the	
above named individual and found him/her to be physically and medically				
SIGNATURE OVER PRINTED NAME OF MEENSED GOVERNMENT PHYSICIAN: MERRY CHRISTLT, SUPNET-GUIN DOOR, M.D. Medical Officer III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	1.54 M	50 145.	0	
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
	5- 15-21			