MEDICAL CERTIFICATE

(For Employment)

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- 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

	me, First Name, Name Extension A, RAYMUND	m (if any) and Middle Name) WEDILAN O	Dept. of Mathematics and
SAN ISID	DO, KILIM, BAY	Physics, Visagast State	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
31	Male	Single	Tustructor 1

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that above named individual a	I have reviewed an nd found him/her to					
SIGNATURE OVER PRINTED I	WET-GUNDCOR, M.D.	GOVERNMENT F	PHYSICIAN		FORMATION AI POSED APPOIN	
AGENCY/Affiliation of Licen	sed Government Phys	ician:		-		
ICENSE NO.		*		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
				158 cm	62.2 kgs	" Ot"
OFFICIAL DESIGNATION				DATE EXAMINED		
				8-19-2020		
	0					