MEDICAL CERTIFICATE

(For Employment)

N	S	T	R	11	CI	10	NS

- 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 Nam	e, First Name, Name Exten	AGENCY / ADDRESS		
	ouno. Christ	WHER		
ADDRESS ADDRESS	pt. 42 Kill			
AGE	SEX	PROPOSED POSITION		
28	F	~	medical Officer III	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	mination result	e personally e	vaminad th	
above named individual and found him/her to be physically and medically	FIT / DUNFIT	for employment	t.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Elmin Jay W, Mb, MMA AGENCY/Affiliation of Licensed Government Physician:				
VSV				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
78~	1.63	70	8+	
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
CVA T	10 - 24 - 22			