## 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

26	M	MARNED	INSTRUCTOR 1	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
SAN TOOLS, AUBURTUA, LOTTO				
	HILLY ION	BURLACA	<b>D()</b>	
NAME (Last Nam	ne, First Name, Name Exten	sion (if any) and Middle Name)	AGENCY / ADDRESS	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III			
AGENCY/Affiliation of Licensed Government Physician:			
		Tivers T	BLOOD
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	TYPE
LICENSE NO.			
DEFICIAL DESIGNATION	Bare Foot	Stripped	