## MEDICAL CERTIFICATE

(For Employment)

| IN | S | Τ | R | U | C | T | Ю | N | S |
|----|---|---|---|---|---|---|---|---|---|
|    |   |   |   |   |   |   |   |   |   |

- 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)

| NAME (Last Na | me, First Name, Name Extension | (if any) and Middle Name) | AGENCY / ADDRESS  |
|---------------|--------------------------------|---------------------------|-------------------|
| BAGU          | 10 , TIPANNY PA                | ACAWO                     |                   |
| ADDRESS       | GADAS, BAYBAY                  | VEN-BACBAY                |                   |
| AGE           | SEX                            | CIVIL STATUS              | PROPOSED POSITION |
| 3)            | E                              | CIN6 VE                   | AA VI             |

| above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment. |  |                             |  |  |  |  |
|---|--|-----------------------------|--|--|--|--|
| SIGNATURE over PRINTED  | NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE |  |  |  |  |
| _   |  | PROPOSED APPOINTEE          |  |  |  |  |

AGENCY/Affiliation-of Licensed Government Physician: Junivens im

HOXPLITAL

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|---|------|----|------|---|---|
|   |      |    |      |   | - |

Bare Foot 1.00m

HEIGHT (M) WEIGHT (KG) Stripped

BLOOD

TYPE BT

DATE EXAMINED

OFFICIAL DESIGNATION

VKAYAS STATE

LICENSE NO.

CHIEF OF HOSPITAL 1

098800