MEDICAL CERTIFICATE

(For Employment)

I	N:	5	T R	11	CT	10	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:

1110 100	dito of the followin	ig pre-cilipi	Cymont ii	iculcal/priyor	can payern	ologica
ust be at	tached to this for	m:				
	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)	AGENCY / ADDRESS
Col	nico, Edgan	do Jr.	
ADDRESS			
J	ipay Sta- (CMZ Boylog	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
38	M	Single	Casual

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	HVD Sty J	pr	
Ven Hospital	Ihm chester	Me	
LICENSE NO.	HEIGHT (N) WEIGHT (KG) BLO Bare Foot Stripped TYF	OOD	
098800	1-75 85kg	and the second	
OFFICIAL DESIGNATION	DATE EXAMINED		
Chief of Hoontal	12/10/24		