## 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 AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ADDRESS Biasong, AGE CIVIL STATUS PROPOSED POSITION SEX 29 FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Governm sician: USU CUSHER LICENSE NO. BLOOD HEIGHT (M) WEIGHT (KG) TYPE Bare Foot Stripped 149.6 58.6 OFFICIAL DESIGNATION DATE EXAMINED Medical Officer 111 24 Saly 2023