MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	11	C	T	10	N	C

- 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 Name	First Name, Name Extens	ion (if any) and Middle Name)	1,0	AGENCY / ADDRESS		
MRAT	TE, CHILLISTO	PHER APAITAN		VISCA BANDAY		
ADDRESS	Lupe Bay B	ay city ley to	* 10 g	eny Legië		
AGE 43	SEX	CIVIL STATUS		PROPOSED POSITION ADMIN AIDE 1		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exalphabove named individual and found him/her to be physically and medically \sim				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRIST'LT, SUPPRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	157EM	53/03	-	
OFFICIAL DESIGNATION	OG. OS.2020			