ADDRESS

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/mental examinations 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 Extension (if any) and Middle Name) AGENCY / ADDRESS PRPED PROPOSED POSITION Adm. Aide III

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically &				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRIST'LT, SUPNET-GUINOCOR, M.D., Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Medical Office III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	1.54	53.4	0	
OFFICIAL DESIGNATION	DATE EXAMINED			
	\	1-11-18		