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

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	
D	MARTE, A	COLUEGE OF ENGINERING		
ADDRESS			TVET	
57	TA CPUS B	typaty UTY VEYTE		
AGE SEX		CIVIL STATUS	PROPOSED POSITION	
38	M	MAPPIED		

FOR THE LICENSED GOVERNMENT PHYSICIAN

	X-10-16		
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED	
	161	63.4kgs	P
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
MERRY (HRISTLT, SUPNA, GUINOCOR, M.D., Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically	amination result □ FIT / □ UNFI	s, personally e r for employme	xamined the ent.