## 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
CORPARTS TESSIT BURLAGA			PEPT. OF	
ADDRESS	TOTAL OF STREET, STREE		431 (. 0.	
ADDRESS  WY CAUNGATHAN, JAN PEDDO, AUGUSTUA, UETCE  AGE SEX CIVIL STATUS		CIVIL ENGINEERING		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
25	И	SINUVE	INTERUCTOR 1	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically	xamination result ✓FIT / □UNFIT	ts, personally e for employme	examined the nt.	e
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD	-
	170 c.	38.34.	" Ot"	
OFFICIAL DESIGNATION	DATE EXAMINED			
	1-9-DD			