## 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 Nan	ne, First Name, Name Exten	AGENCY / ADDRESS	
APMO	MYDO M. PAR	XISKIAS STATE	
ADDRESS			UNIVERSITY. VISCA
BRG	ay, BUNGA	BAIBAY, CATY, LEY	F
AGE .	SEX	CIVIL STATUS	PROPOSED POSITION
54	MALE	MARIED	ADM. AIDT -111

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above named individual and found <u>him/her to be physically and medically</u> .		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRISTLI, SUNNE VIINOCOR, M.D.  Medical Officer III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED 0 8	
	1-5-18	

10/80 mm Hg