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:

 - e 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	
CAS	m stonave	Assertation of the second	VSW	
APOURMENT HO.1, LOWER COUNTY, VSM				
27	F	S	ADMIN AIDE III (CURCK 1)	

FOR THE LICENSED GOVERNMENT PHYSICIAN

OFFICIAL DESIGNATION	DATE EXAMINED		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE VI A+"
MWY CMM TI CUMM - CWM AGENCY/Affiliation of Elcensed Government Physician:			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		