## 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		
Gongora, Mikaels Mendoza				Phillewtengy, V8h.		
RISAL CHESE, Low Company, Jyn, Viva, Bustry Git , Last						
AGE	SEX	CIVIL STATUS		PROPOSED POSITION		SITION
23	Female	Cligh		Schence	Resent	Kan Start

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically	amination result	s, personally of for employm	examined the ent.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  COROH W. TOROGO, MO.  AGENCY/Affiliation of Licensed Government Physician:  WU HOSPITOL	The state of the s	FORMATION A POSED APPOII		
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
015317	Bare Foot	Stripped	B+	
OFFICIAL DESIGNATION	DATE EXAMINED			
MEDICAL OFFICER III	12-13-21			