## 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

medical officer 11

Psychological Test

Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  AGENCY / ADDRES				
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ADDRESS	A COMPANY OF THE PARTY OF THE P	- 4		
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AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
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FOR THE LICENSED GOVERNMEN	T PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRISTIT, SUPPLIED WOODS MD.  Medical Officer III.  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE Dł
OFFICIAL DESIGNATION	DATE EXAMINED		

12-9-01