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 Na	ame, First Name, Name Extens	AGENCY / ADDRESS	
ca	INTIC RET	10 MOR C.	DEPT. OF HORTICULTURA
ADDRESS	ent anamente de meta la amendativa esta la resultativa del cui est		
BR	67 Guasai	LUPE BOTBON CITY	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
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FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	-		
LICENSE NO	HEIGHT (M)	WEIGHT (VC)	BLOOD
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
LICENSE NO.	4	, , ,	
LICENSE NO. OFFICIAL DESIGNATION	Bare Foot	Stripped 47.54	TYPE