## MEDICAL CERTIFICATE

(For Employment)

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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 Drug Test Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Na	ime, First Name, Name Exte	AGENCY / ADDRESS		
ABIT	, WA. GU	VISAYAY STATE		
ADDRESS	on campus	WINESTY		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
25	ヤ	SINGLE	INSTRUCTOR 1	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

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:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
110000				
LICENSE NO. Many (Missill Man) (Missill Missill Missil	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			
	8-8-19			