## 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/mental examinations must be attached to this form:

| 1 | Blood Test                                    |
|---|---|
| 1 | *Uṛinalysis                                   |
|   | Chest X-Ray                                   |
|   | Drug Test                                     |
|   | Psychological Test                            |
|   | Neuro-Psychiatric Examination (if applicable) |

## FOR THE PROPOSED APPOINTEE

| NAME (Last Nar | ne, First Name, Name Exte | nsion (if any) and Middle Name) | AGENCY / ADDRESS  |  |  |
|----------------|---------------------------|---------------------------------|-------------------|--|--|
| Lemo           | s, Sheila M               | arie C.                         | 1281              |  |  |
| ADDRESS        |                           |                                 | V=Q               |  |  |
| Tab-           | ang, Kilim,               | Baybay, Leyk                    |                   |  |  |
| AGE            | SEX                       | CIVIL STATUS                    | PROPOSED POSITION |  |  |
| 38             | F                         | Single                          | Admin. Aide IV    |  |  |

## FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically |  |                         |               |
|--|--|-------------------------|---------------|
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRIST'LT, SUPPLY SUNCCE, M.D.  Medical Officer III  License No. 111828     | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |                         |               |
| AGENCY/Affiliation of Licensed Government Physician:   |  |                         |               |
| LICENSE NO.  | HEIGHT (M)<br>Bare Foot                        | WEIGHT (KG)<br>Stripped | BLOOD<br>TYPE |
|  | 1,48   | 61.5                    |               |
| OFFICIAL DESIGNATION   | DATE EXAMINED                                  |                         |               |
|  | 1-3-18   |                         |               |