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

AGE	ISEX	ICIVII STATUS	PROPOSED POSITION
ADDRESS 952	Vilago st, bo	Wbay	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	mination result	ts personally e	examined the
above named individual and found him/her to be physically and medically in HOUD, procly controlled for work-up and worth and some state of the state	SFIT / DUNFI	T for employm	ent.
SARAH AURECA W. TARAOA	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Ligensed Government Physician: WSU Horpital			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
0153151	Bare Foot	Stripped 55-5	TYPE'
OFFICIAL DESIGNATION	DATE EXAMINED		
MEDICAL OFFICER III	8/12/21		

CLOSE C: Employed but with certain limitations and meding regular medication / check-up.

mp