MEDICAL CERTIFICATE

(For Employment)

l	N	S	T	R	U	C	T	10	N	S

- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Urinalysis Chest X-Ray

Drug Test ☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

BLOOD

TYPE

DELIMA	GINA	ABREO	ISRDS, VSU
ADDRESS	,	* * * * * * * * * * * * * * * * * * * *	
ISROS, VI	SU		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
36	F	ring ut	

FOR THE LICENSED GOVERNMENT PHYSICIAN

-	above named individual and found him/her to be physically and medically □F	
		The Born The omployment.
	SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE

PROPOSED APPOINTEE

CHNGI GNIM

AGENCY/Affiliation of Licensed Government Physician:

VCW

LICENSE NO. HEIGHT (M) WEIGHT (KG) Bare Foot Stripped 1111197 1.41 UV. Wh OFFICIAL DESIGNATION DATE EXAMINED

4-23-24