## 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 Name, First Name, Name Extension (if any) and Middle Name) AGENCY / ADDRESS Wences ADDRESS V36 AGE 30 FOR THE LICENSED GOVERNMENT I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically IFIT / UNFIT for employment. SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Medical Office III License No. 111828 AGENCY/Affiliation of Licensed Government Physician: LICENSE NO HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 1.62 m 77.5 18 At OFFICIAL DESIGNATION DATE EXAMINED

100/70

12-18-2020