## 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:

| _ | - |                  |
|---|---|------------------|
| ] | Z | Blood Test       |
| 1 | 7 | Urinalysis       |
| 1 |   | Chest X-Ray      |
| 1 |   | Drug Test        |
| 1 |   | Psychological Te |

■ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

| NAME (Last Name | e, First Name, Name Extension                          | n (if any) and Middle Name) | AGENCY / ADDRESS   |
|-----------------|--|-----------------------------|--|
| TAB             | AMA, SAMAH   | AURONA WARQUE               | University services for<br>thealth, Emergoray, and<br>Revence (uviter) |
| ADDRESS         | mande de mora y americantes de españantes de la tre da | Health, Emogoray, and       |  |
| ApT             | 5, Visca, P  | REVENCE (WITTER)            |  |
| AGE             | SEX  | CIVIL STATUS                | PROPOSED POSITION  |
| 26              | F  | single                      | Medical  |

## FOR THE LICENSED GOVERNMENT PHYSICIAN

|  | 12-24-21                    |             |       |  |
|--|-----------------------------|-------------|-------|--|
| OFFICIAL DESIGNATION   | DATE EXAMINED               |             |       |  |
|  | 1.54                        | 63          | B+    |  |
| EIOENOE NO.<br>Myster de sem leeslem, er eilde sympteen de sem belevlem, eigt jokk e province de sem belevlem eint, dat e erby | Bare Foot                   | Stripped    | TYPE  |  |
| LICENSE NO.  | HEIGHT (M)                  | WEIGHT (KG) | BLOOD |  |
| AGENCY/Affiliation of Licensed Government Physician:   |                             |             |       |  |
| MEKRY CHRISTEP SUPNET-GUINOCOR, M.D. Medical Officer III AGENCY/Affiliation of Licensed Government Physician:                  |                             |             |       |  |
| ho on  | PROPOSED APPOINTEE          |             |       |  |
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  | OTHER INFORMATION ABOUT THE |             |       |  |