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 Extens	AGENCY / ADDRESS		
60111	ano, tenr	DAFE.		
VSU COMPUS			DALEX	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
64	M	Married	Profescer IV	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex	amination resul	ts, personally e	xamined the
above named individual and found him/her to be physically and medically	SFIT / UNFIT f	or employment.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
New			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
MXXI	IS7	68	BT
OFFICIAL DESIGNATION	DATE EXAMINED		
CNO IN	10	10-5-22	