## 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/mental examinations must be attached to this form:

Blood Test

Urinalysis Chest X-R

Chest X-Ray

☐ Drug Test

Psychological Test
Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Na	me, First Name, Name Exte	AGENCY ADDRESS	
Tui	n Edna	, Paulo Bantista	
ADDRESS			
XPI.	ST, KIK	omne street. 184	/
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
24	M	Single	101
		1	**

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found <a href="https://www.her.to.be.physically">https://www.her.to.be.physically</a> and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER IN		OUT THE
AGENCY/Affiliation of Licensed Government Rhysician.			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINE	O. In 19	M. M. Marian