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) Centino, 2yra May ADT 64 Kibarne VSU Boyboy			AGENCY / ADDRESS	
37	*	Married	tosistant frof. 1V	

FOR THE LICENSED GOVERNMENT PHYSICIAN

MO III	5/3	5/3/24		
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
111828	1-55	76-8	.0,	
The state of the s	Bare Foot	Stripped	TYPE	
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
VSN Hospital				
AGENCY/Affiliation of Licensed Government Physician:	SATURATION CO.			
Medical Offic III				
MERRY CHRISTLY SUPNET CUNOCORS (105)	PROI	PROPOSED APPOINTEE		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER IN	OTHER INFORMATION ABOUT THE		
above named individual and found him/her to be physically and medic	ally TFIT / UNFIT to	r employment.		
I hereby certify that I have reviewed and evaluated the attach	ed examination results	s, personally e	xamined the	