## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	10	NS

- 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, Fire	st Name, Name Extension (if	AGENCY / ADDRESS		
LUSAN	UTA, DHEN	JBER CASTIL	560-FARMI VSM	
ADDRESS UA	dalupe	•		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
31	Male	Manie	Instructor	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exar above named individual and found him/her to be physically and medically.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERN (HNSTLT, SUPNET-GUNCOR, N.D.  Medical Officer III  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 70.4 Kg	BLOOD TYPE
OFFICIAL DESIGNATION  MEGICAL CAPTURY III	DATE EXAMINED	2020	22 20 24 3 24 24 24