LICENSE NO.

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

1	Ν	S	T	R	U	C	T	1	0	N	-

- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

09800

- Urinalysis
- ☐ Chest X-Ray Drug Test
- Psychological Test
- Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

MILA,	NORBET	Up JR., ESPEJO	DSTAT, VCU
APT. 29	KI UBONI	CNE ST. VCU, BAYBAY(1)	PROPOSED POSITION
48	M	MARPIED	ASSO. PROF. 7

FOR THE LICENSED GOVERNMENT PHYSICIAN

above named individual and found him/her to be physically and medically \(\sigma FIT \) \(\sigma UNFIT\) for employment.					
SIGNATURE OVER PRINTED IN ANY OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				

Chief of Hospital I License No. 098800

AGENCY/Affiliation of Licensed Government Physician:

AGENCY / ADDRESS

BLOOD HEIGHT (M) Bare Foot

1-61 Cm 64Ra DATE EXAMINED

5 63 24