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)

medical Open 14

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
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I hereby certify that I have reviewed and evaluated the attached examination results, personally examined to above named individual and found him/her to be physically and medically IT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Christelle Venus; Capuno, Lis. Lic. No. 0156881 AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) Bare Foot Stripped TYPE OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE WY HEIGHT (M) Stripped TYPE	OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
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