AGE

## 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) AGENCY / ADDRESS Rhodora ADDRESS 84 SEX PROPOSED POSITION

FOR THE LICENSED GOVERNMEN	NT PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically and the second sec	amination result	s, personally e for employmen	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
ICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
DEFICIAL DESIGNATION Wedical Officer U	DATE EXAMINED  5-6-24		

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