MEDICAL CERTIFICATE

(For Employment)

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- 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 Nam	ne, First Name, Name Exter	AGENCY / ADDRESS	
DAGA ADDRESS	-, CREGORIU	PHILROOTCROPS - USU	
PANGAS	SUGAN - BA	HYRAY CITY	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
28	M	S	RA

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found. <u>hi</u> m/her to be physically and medically				
MERRY CHRISTLT, SUPPLIFYUNOCOR, M.D. Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE O†	
OFFICIAL DESIGNATION	DATE EXAMINED	21 - 2018		

Kr / Sand