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 lohn Baluran ADDRESS Cabulitian, Maasy AGE SEX CIVIL STATUS PROPOSED POSITION 5 25 FOR THE LICENSED GOVERNMENT I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Venus AGENCY/Affiliation of Licensed Government Physician: WHER LICENSE NO. BLOOD HEIGHT (M) WEIGHT (KG) Bare Foot Stripped 6/16881 8.2 1.61 OFFICIAL DESIGNATION DATE EXAMINED MOAI ANG. 29 2023