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 Nar	me, First Name, Name Exte	AGENCY / ADDRESS			
LORETO ADDRESS	, GINA AR	CIGA			
20 UP L	aurel St., A	√ SU			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
51	F	Married	Admin Aide III		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I have been and if I all a			
I hereby certify that I have reviewed and evaluated the attached examples above named individual and found him/her to be physically and medically	mination result	ts, personally for employme	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTLE SUPPLY S	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 64. % kg	BLOOD TYPE
OFFICIAL DESIGNATION DATE EXAMINED		3	

mmHg