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

AGE	SEX	CIVIL STATUS	PROPOSED POSITION
ADDRESS APT. 52 USL, BAYBAY CITY			VSh, Bosbay GD
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically.		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
11828 MEDICAL OFFICER III		
AGENCY/Affiliation of Licensed Government Physician:		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE 177 Cm. 108 5 KG. "At"	
OFFICIAL DESIGNATION	DATE EXAMINED	

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