## 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

the state of the s	st Name, Name Extension (if		AGENCY / ADDRESS
IGST T.	ingo end	RINA JR	
ADDRESS			
BRGY, PA	WGHSU GKN	BAYBAY CITY LETTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
40	MAVE	MARRIED	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the a above named individual and found him/her to be physically and				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHY  MERRY (HNSTLT, SUPNET GUINOCOR, M.D.,  Medical Officer III  License No. 111828	SICIAN:		ORMATION AE	
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.		HEIGHT (M) Bare Foot  I. 49m	WEIGHT (KG) Stripped	BLOOD TYPE 0
OFFICIAL DESIGNATION		DATE EXAMINED	5-21-	20)