## MEDICAL CERTIFICATE

(For Employment)

-	N	S	Т	R	U	C	T	10	N	,

- 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:
- Urinalysis ☐ Chest X-Ray
  - Drug Test

☑ Blood Test

- ☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

NAME (Last Na	ame, First Name, Name Extens	ion (if any) and Middle Name)	AGENCY / ADDRESS		
IMPAS ADDRESS	, VIC ANGE	ELO LABIAL	VKAYAS STATE UNIVERSITY VKCA, BAYBAY CITY		
	RM VACA, BAYBA	ty city	VISCA, BAYBAY CITY		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
31	MALE	MARRIED	ASSISTANT PROFESSOR 1		

I hereby certify that I have reviewed and evaluated the attached exa	mmation results, personally examined the [					
above named individual and found him/her to be physically and medically \( \subseteq FIT / \subseteq UNFIT for employment.						
~						
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE					
SERRIL ALIBERTI DI ALIBERTA CANADA LA D	PROPOSED APPOINTEE					

Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:

MISATAL STATE UNIVERSITY HOSTITAL

Bare Foot 1-43 m

HEIGHT (M)

DATE EXAMINED

WEIGHT (KG)

AT 77.4/491

BLOOD

TYPE

Stripped

Intology 6 those 11

LICENSE NO.

111828

OFFICIAL DESIGNATION

5-13.03