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	ne, First Name, Name Extension	AGENCY / ADDRESS		
LAO	MAGNOUA	CLITAR	DOTM, HAYM	
ADDRESS				
Duple	x, VSM, BO	TOTAL MANAGEMENT AND		
105	ISEX	CIVIL STATUS	PROPOSED POSITION	
AGE				

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	amination result	s, personally e	examined the
above named individual and found him/her to be physically and medically	AFIT / DUNFIT	for employme	nt.
GNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Chief of Hospital License No. 098800			
AGENCY/Affiliation of Licensed Government Physician:		me	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	5 feet	70kg	A Positive
OFFICIAL DESIGNATION	DATE EXAMINED	5	
	11/2	21/2019	

BP-109/60