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 Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
ROPEIL	SUEZ ANN	VSV, Baybay Gtz		
BI	EHAVISTA	Cenfe		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
28	F	· SINGLE	Instrictor 1	

FOR THE LICENSED GOVERNMENT PHYSICIAN

OFFICIAL DESIGNATION	DATE EXAMINED			-
6123121	Bare Foot	Stripped	D+ "	Call
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	500
AGENCY/Affiliation of Licensed/Government Physician:	<i>-</i>			
SMAH DOWN & TARSON	PROI	POSED APPOIN	NTEE	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE			
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically				e

Class B: Employable but with correction defects