## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.		
FOR THE PROPOSED APPO	INTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  CULA, LOUE, PETERE  ADDRESS	AG	ENCY / ADDRE	ESS
CARIDAD BORTE, MATTACOM, LETTE  AGE SEX CIVIL STATUS  25 M LINGLE		PAY CITY DPOSED POSIT	LEYE
FOR THE LICENSED GOVERNMEN			
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mination result	s, personally for employmen	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO.	HEICHT	WEIGHT	DI COD
	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		

8

12-7-23