## 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:

Jul	tached 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 (i	AGENCY / ADDRESS	
SOLAR	PE, TRIPOHIC	DMETOE	
	C, BAYBAY	city, legge	
AGE 43	SEX	CIVIL STATUS  WAKE EQ	PROPOSED POSITION  IN STRUCTOR

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found <u>him</u> /her to be physically and medically <u>J</u>			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRISTLT, SUPPLICUINOCOR, M.D.,  Medical Officer III.  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot  172 cm	WEIGHT (KG) Stripped	BLOOD TYPE A4
OFFICIAL DESIGNATION	DATE EXAMINED		