## 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	e, First Name, Name Exte	nsion (if any) and Middle Name)	AGENCY / ADDRESS
LLERA, B	LANCHE FRANCH	Všy	
VISCA, BA	40AY CITY, LEY	TE	and and designation in the second sec
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
23	F	SINGLE	tustructor 1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:  WU HOUPITAL	No dia none		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD
0123101	160-	784.	0.
OFFICIAL DESIGNATION	DATE EXAMINED		
medical oplicir III		6-20-22	