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 ADDRESS AGE PROPOSED POSITION married THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically ☑FIT / ☐UNFIT for employment. SIGNATURE over PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE ORALW TABADA, M.D. Ligense No 015311 AGENCY/Affiliation of Licersed Government Physician:

HEIGHT (M)

Bare Foot

179

DATE EXAMINED

WEIGHT (KG)

Stripped

1/26/22

BLOOD

TYPE

10/8

Claus C: Hypertonion, Controlled

LICENSE NO.

OFFICIAL DESIGNATION