AGE

62

LICENSE NO

OFFICIAL DESIGNATION

## 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** Uripalysis hest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable) FOR THE PROPOSED APPOINTEE AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ISU Anita Du ADDRESS Phil proterops city heyte CIVIL STATUS PROPOSED POSITION SEX SRA mounied Female FOR 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. OF LICENSED GOVERNMENT PHYSICIAN OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:

BLOOD

TYPE

WEIGHT (KG)

Stripped

8-5 101

HEIGHT (M)

Bare Foot

DATE EXAMINED

12-18-18

57cm