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:

0	Blood Test
	Urinalysis
	Chest X-Ray
	Drug Test
	Psychological Test
	Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

1	me, First Name, Name Extension		AGENCY / ADDRESS
ADDRESS	nbayan Hilong		
AGE 27	SEX MOIL 6	CIVIL STATUS Single	Instructor 1

FOR THE LICENSED GOVERNMEN	NT PHYSICIAN	
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	amination results, personally examined the □FIT / □UNFIT for employment.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
MERRY CHRISTILT, SUPPLET-GUN OCOR, M.D.		
AGENCY/Affiliation of Licensed Government Physician:		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE U3 - UTIV O+	mo looks
OFFICIAL DESIGNATION	DATE EXAMINED	1
	1-20-19	