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, Fi	irst Name, Name Externation. M	AGENCY / ADDRESS		
ADDRESS	Kilim, Ba	y bay		
AGE 45	SEX	CIVIL STATUS Married	PROPOSED POSITION	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically.			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: (hintelle Yenus F. Choun, M.C. Lic, No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
VEN USHER			
LICENSE NO. OKT 881	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer III	21 July	2013	