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

Orug Test

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, Fr	AG	AGENCY / ADDRESS				
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and the second second second second second	PRGAS , VS	LV.				
AGE 55	SEX +EMALE	CIVIL STATUS NYARRI EYO		PROPOSED POSITION ADMIN 7227		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and and and				
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically 2	amination resul 3FIT/□UNFIT#	ts, personally e or employment	examined the	
SIGNATURE OVER PRINTED NAME OF MISENSED GOVERNMENT PHYSICIAN: Wedical Officer License No. 1118	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (#G)	BLOOD	
A CCIALL BOOK	1.54 M	56 145	0	
OFFICIAL DESIGNATION	DATE EXAMINED			
	5-15-24			