## MEDICAL CERTIFICATE

(For Employment)

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- 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	rst Name, Name Extension (if	AGENCY / ADDRESS	
BATISTEL,	CHERYL	COSTILLAS	
ADDRESS	L(2 /	a Clair Micana	,
Department State Uni	of Biologica	ong City	3
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
40	Female	Single	

## 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. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE CAN A) GUI W AGENCY/Affiliation of Licensed Government Physician: NIN LICENSE NO. BLOOD HEIGHT (M) WEIGHT (KG) Bare Foot Stripped TYPE 111 820 1.19 OFFICIAL DESIGNATION DATE EXAMINED

5.1-14