MEDICAL CERTIFICATE

(For Employment)

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a.	This	medical	certificate should be	accomplished by a lic	ensed 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

Drug Test Psychological Test

Chest X-Ray

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

Man	igo, Celati	ia) A.	
ADDRESS			Veu-nge
Go	abas, Bayb	Oy	V30(0) 0 0
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
32	Ŧ	2	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE

PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 0|56881 1.59 (07 OFFICIAL DESIGNATION DATE EXAMINED

Medical Officer