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, Fire	st Name, Name Extension (i	f any) and Middle Name)	AGENCY / ADDRESS
ABE	ELA, JUL	IUS VILLAR	VS4/ Baybay Gity
ADDRESS			
APT. 28	KILBOYPA	IEST, V84, BAY RAY CA	Y, wire layte
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
48	MALE	MARMED	ASSOCIATE PROF V

FOR THE LICENSED GOVERNMENT PHYSICIAN

	1/14/19			
OFFICIAL DESIGNATION	DATE EXAMINED			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE A	
AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
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:	GFIT / DUNFIT	for employmer	nt.	