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/mental examinations 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 Na	me, First Name, Name Extensi	on (if any) and Middle Name)	AGENCY / ADDRESS
DINUE	ZA, WHE FI	mest bebito	US AXX8. STATE UNIVERS
ADDRESS #PI7	r cct U	UND OPMOCCITY	BAYBAY CITY
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
. 1	MALE	SINGUE	INSTRUCTOR -1

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: JOSEPH DE OLZAFICO, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 075699			
AGENCY/Affiliation of Local Section AGE			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	1.54m	SORY	B+
OFFICIAL DESIGNATION	DATE EXAMINED		