

## MEDICAL CERTIFICATE

(For Employment)

### I N S T R U C T I O N S

- 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)

### F O R   T H E   P R O P O S E D   A P P O I N T E E

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
ADDRESS			
AGE	SEX	CIVIL STATUS	
			PROPOSED POSITION

### F O R   T H E   L I C E N S E D   G O V E R N M E N T   P H Y S I C I A N

<i>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 <input type="checkbox"/>FIT / <input type="checkbox"/>UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		