

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished a government physician.
2. Attached this certificate to original appointments and reinstatements.

FOR THE PROPOSED APPOINTEE

NAME (Last, First, Middle or if married woman, Maiden Name)		AGENCY/ ADDRESS	
ADDRESS		PROPOSED POSITION	
AGE	SEX	CIVIL STATUS	

Pre-Employment Medical- Physical Tests

1. Blood Tests
2. Urinalysis
3. Chest X-ray
4. Drug Test
5. Neuro-Psychiatric (if necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM

FOR THE PHYSICIAN

<p>I hereby certify that I have personally examined the abovenamed individual and found her/him to be physically and medically fit/unfit for employment.</p>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>AFFIX DOCUMENTARY STAMP HERE</p> </div>	
PRINTED NAME/ SIGNATURE OF PHYSICIAN	Certificate No.	OTHER INFORMATION OF THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION	HEIGHT (Bare Feet)	Weight (Stripped)	Blood Type
AGENCY	DATE EXAMINED		