

**INSTRUCTIONS**

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

**FOR THE PROPOSED APPOINTEE**

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

**Pre-Employment Medical - Physical Tests**

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

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

**FOR THE PHYSICIAN**

<p><i>I hereby certify that I have personally examined the abovenamed individual and found her/him to be physically and medically fit/unfit for employment.</i></p>		<p><b>AFFIX</b> Documentary Stamp Here</p>						
PRINTED NAME / SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER	<b>OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE</b>						
OFFICIAL DESIGNATION	AGENCY							
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">HEIGHT <i>(Bare feet)</i></td> <td style="padding: 2px;">WEIGHT <i>(Stripped)</i></td> <td style="padding: 2px;">BLOOD <i>Type</i></td> </tr> <tr> <td colspan="3" style="padding: 2px;">DATE EXAMINED</td> </tr> </table>	HEIGHT <i>(Bare feet)</i>	WEIGHT <i>(Stripped)</i>	BLOOD <i>Type</i>	DATE EXAMINED		
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