INSTRUCTION

- 1. This Medical Certificate should be accomplished by a government physician.
- 2. Attached this certificate to original appointment and reinstatement.

FOR THE PROPOSED APPOINTEE

NAME (Last, First, M	AGENCY/ADDRESS:		
ADDREESS:			
	DDODOCED DOCITION.		
AGE:	SEX:	CIVIL STATUS:	PROPOSED POSITION:

Pre-Employment Medical – Physical Test

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

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

FOR THE PHYSICIAN

I hereby certify that I have personal individual and found her / him to be physical employment		AFFIX Documentary Stamp here			
PRINTED NAME / SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DEGICALATION.					
OFFICIAL DESIGNATION:				1	
			WEIGHT (Lbs.)	BLOOD Type	
AGENCY:					
			DATE EXAMINED		