

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

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

FOR 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 Test

1. Blood Test
2. Urinalysis
3. Chest X-ray
4. Drug Test
5. Neuro Psychiatric Examination

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

FOR THE PHYSICIAN

<i>I hereby certify that I have personally examined the above – named individual and found her/him, to be physically and medically fit/unfit for employment.</i>		AFFIX Documentary Stamp Here			
PRINTED NAME/SIGNATURE OF PHYSICIAN		CERTIFICATE NUMBER	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION					
AGENCY			DATE EXAMINED		