

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

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

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>		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>AFFIX Documentary Stamp Here</p> </div>						
PRINTED NAME / SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE						
OFFICIAL DESIGNATION								
AGENCY		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">HEIGHT <i>(Bare feet)</i></td> <td style="width: 33%; padding: 2px;">WEIGHT <i>(Stripped)</i></td> <td style="width: 33%; 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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