



**Medical Certificate
For Employment**



INSTRUCTION

1. This Medical Certificate should be accomplished by a Gov't Physician.
2. Attach this Certificate to original appointments & reinstatement.

FOR THE PROPOSED APPOINTEE

Name:				Agency:
Last	First	Middle		
(If Married Women - Maiden Name)				<i>Department of Education</i>
Address:			Proposed Position:	
Age:	Sex:	Civil Status:		

FOR THE PHYSICIAN

I hereby certify that I personally examined the above-named individual and found him/her to be physically and medically fit/unfit for employment.		Affix Documentary Stamp:	
Signature of the Physician:	Certificate Number:	Other Information About the Appointee:	
Official Designation:		Weight: (Stripped)	Height: (Barefoot)
Agency:		Date Examined:	
		X-Ray Fluoroscopic Result: <i>(Only when physician believes its necessary)</i>	