

EMPLOYEE ANNUAL PHYSICAL EXAMINATION

ပုၤမၤတၢ်ဖိလၢထံၤထံၤလိာ်သးဒီးကသံၣ်သရၣ်တနံၣ်တဘျီ
 ဒီး
 ပုၤကွၢ်တၢ်ဆူၣ်တၢ်ဆါအဝုၢ်အကျိၤ

ဖးဘတၢ်ဝုၢ်တၢ်ကျိၤတခါအံၤလီၤတၢ်တက့ၢ်ဒီးနကသံၣ်သရၣ်တဘျီမၤပွဲၤန့ၢ်လိာ်တဘျီအံၤန့ၢ်လီၤမၤပွဲၤဘၣ်လိာ်တဘျီအံၤလၢနလဲၤမၤကွၢ်တၢ်ဆါအဝုၢ်အကျိၤတဖၣ်န့ၢ်တက့ၢ်မ့ၢ်ဆၢထီၣ်ဘၣ်က့ၤလိာ်တဘျီအံၤယုၣ်ဒီးလိာ်အဂ့ၢ်အဂၤတဖၣ်အံၤဖဲတၢ်မၤလီၤအဂူဖးဒိၣ်အံၤန့ၢ်တက့ၢ်.

က) ပုၤမၤတၢ်ဖိတဖၣ်ကဘၣ်မၤပွဲၤလိာ်တဘျီအံၤ

မံၤကတၢၢ်	မံၤဒိၣ်ထံး	မံၤခၢၣ်သး
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XXX-XX - _____

ကွဲးလီၤဘၣ်နစိၣ်ဂ့ၢ်အကတၢၢ်အနီၣ်ဂီၢ်လွံၢ်ဖျၢၣ်

ယအုၣ်ယသးလၢယမၤပွဲၤတနံၣ်တဘျီတၢ်မၤကွၢ်မိၢ်ပုၤတၢ်ဒိသဒါတၢ်ဆူးတၢ်ဆါလၢကသံၣ်သရၣ်အအိၣ်န့ၢ်လီၤ.

ဆဲးလီၤမံၤ: _____
 ပုၤမၤတၢ်ဖိ မုၢ်န့ၢ်မုၢ်သီ

ခ) ကသံၣ်သရၣ်အလံာ်အုၣ်သး

CERTIFICATION

ပုၤမၤတၢ်ဖိလၢအမံၤဖျါလၢထးအံၤန့ၢ်အဝဲဒၣ်ဟဲမၤကွၢ်အတၢ်အိၣ်ဆူၣ်အိၣ်ချ့ဖဲယအိၣ်ဖဲမုၢ်န့ၢ်မုၢ်သီလၢအဖျါလၢအဖိလၢအသိးန့ၢ်လီၤ.

ကသံၣ်သရၣ်အလံာ်အုၣ်သး	
မၤကွၢ်တၢ်ဆါမုၢ်န့ၢ်မုၢ်သီ	လိာ်အုၣ်သးနီၢ်ဂီၢ်
ကသံၣ်သရၣ်ဆဲးလီၤမံၤ	မုၢ်န့ၢ်မုၢ်သီ

ကသံၣ်သရၣ်တဖၣ်ဝံသးစူၤပုၤဘၣ်န့ၢ်ပုၤတၢ်ဖိ,ပုၤဆါတဖၣ်အလံာ်တဘျီအံၤန့ၢ်တက့ၢ်.

HEALTHCARE PROVIDER: PLEASE GIVE THIS FORM BACK TO THE PATIENT/EMPLOYEE

**EMPLOYEE ANNUAL PHYSICAL EXAMINATION
and
HEALTHCARE PROVIDER CERTIFICATION**

Read instructions carefully. You and your healthcare provider must complete this form. Completion of this form is required for proof of your annual physical examination. Return completed form along with all other certifications to Human Resources.

A) To be completed by the Employee

Last Name	First Name	Middle Initial
XXX-XX - ____ ____ ____ ____		
Last 4 digits of Social Security Number		

I certify that I completed an annual physical examination with my physician.

Signed: _____

Employee

_____ Date

B) To be completed by the Healthcare Provider

CERTIFICATION

The above named employee received a physical examination on the date(s) indicated below.

Licensed Physician (Print)	
Date of Exam	License Number
Physician Signature	Date

HEALTHCARE PROVIDER: PLEASE GIVE THIS FORM BACK TO THE PATIENT/EMPLOYEE