CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

 This medical certificate should be according. Attached this certificate to original approximation. 					
NAME (Last, First, Middle, or if married woman, Maiden	AGENCY ADDRESS				
Adinain, avelina Villacorte		DLABS, VSU			
ADDRESS 61 R Magrayay St. Bay	pay, Leete				
AGE SEX	CIVIL		OSED POS		
51 Female	Marriel	Irontructor II			
Pre-Employment	t Medical-Physica	Tests		18.00	
1. Blood Test					
2. Urinalysis					
3. Chest X-ray 4. Drug Test					
5. Neuro-Psychiatr	ic Examination (If	necessary)			
FOR TH	HE PHYSICIAN		1		
I HEREBY CERITIFY that I have personally individual and found her/him to be physically at employment	e-named Affix Documentary t for Stamp				
PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			1
JUSEPHNE U ZAFICO AND		THOI GGED	ALTOINTEE		
OFFICIAL DESIGNATION		HEIGHT	WEIGHT	BLOOD TYPE	B.
CIC. \$ 075699		12-5m	(Stripped)	A	Bi
AGENCY:		DATE EXAMINED			1
VSU HOSPITAL Visayas State University		-	.1.		
Visca, Baybay, Leyte, Philippines		5/2	3/16		
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