X

CSC Form No. 211 (Revised August 1998) MEDICAL CERTIFICATE For Employment

2000	N	5	-	R	u	C	april o	September 1	O	N	S	

 This medical certificate should be accomplished by a government physician. Attached this certificate to original appointments and reinstatements. 										
NAME (Last, First, Middle, or if married woman, Maiden Name)	AGENCY ADDRESS									
NAYRE, GILDA PREJULA	VSU									
ADDRESS Borgy. Gradalupe, Baybay, hepte AGE SEX CIVIL		,								
GE SEX CIVIL PROPOSED POSITION STATUS										
Pre-Employment Medical-Physical Tests										
 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric Examination (If necessary) 										
FOR THE PHYSICIAN										
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unf										
employment										
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.	TOTHER INTO	D1447101145								
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO. OTHER INFORMATION ABOUT PROPOSED APPOINTEE										
· dusque										
Mens Cons. I. Syno. Guma Mills										
OFFICIAL DESIGNATION	HEIGHT (Baseloot)	WEIGHT (Stripped)	BLOOD TYPE							
Midical Days III	157 cm	57.9 kgr	PH							
AGENCY: Well cal Office III	DATE EXAMI	0								
VSU HOSPITAL										
Visayas State University Visca, Baybay, Leyte, Philippines	1-0-13									