CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

a. This medical certificate should be accomplished by a licensed government physician. b. Attach this certificate to original appointment, transfer and reemployment.

c. The results of the following pre-employment medical/physical/psychological

must be attached to this form:

Blood Test Urinalysis

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Chest X-Ray Drug Test

Psychological Test

■ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

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ADDRESS	ABB A NA	SEAUCH CENTER		
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	FOR TH	HE LICENSED GOVERNM	1ENT PHYSICIA	N

above named individual and found him/her to be physically and medically	FIT / DUNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation Elwhort Tit, Lovernment Physician: Chief of Hospital I License No. 098800 BLOOD WEIGHT (KG) HEIGHT (M) LICENSE NO. Bare Foot

150 C DATE EXAMINED OFFICIAL DESIGNATION