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CS Form No. 211 Revised 2017

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/mental examinations must be attached to this form:

Blood Test
Urinalysis
Chest X-Ray
Drug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Exten	AGENCY / ADDRESS	
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ADDRESS	A 5		
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AGE	SEX	CIVIL STATUS	PROPOSED POSITION
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FOR THE LICENSED GOVERNMENT PHYSICIAN

	NAME OF TAXABLE PARTY.		
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically &	mipation result □ FIT / □ UNFI	s, personally e T for employme	examined the ent.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
MERRY CHRIST'L T. SUPNET-GUIND COR M.D.	PROPOSED APPOINTEE		
Medical Officer III			
AGENCY/Affiliation of Licensed Government Physician:	1		
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
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OFFICIAL DESIGNATION	DATE EXAMINED		
1-1-18			