CS Form No. 211 Revised 2018

ADDRESS

LICENSE NO.

MEDICAL CERTIFICATE (For Employment)

	N	S	T	R	U	C	T	1	0	N	S

- 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)

PALERMO, ALDRIN RUBI

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

#24 A. MABINI ST. BAYBAY CITY, LEYFE

FOR THE PROPOSED APPOINTEE

39	MAVE	SINGUE	TROFOGESTOGITIEN
	FOR TH	E LICENSED GOVERNA	MENT PHYSICIAN
			ed examination results, personally examined the

above named individual and found nim/ner to be physically and medically, SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

1880210

1.75 DATE EXAMINED

HEIGHT (M)

Bare Foot

WEIGHT (KG)

Stripped

AGENCY / ADDRESS

PROPOSED POSITION

10 September 2000

BLOOD

LITYPE U

OFFICIAL DESIGNATION

medical officer Ty