CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

N	S	T	R	U	C	T	1)	N	5

- 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 Chest X-Ray Drug Test
 - Psychological Test

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

■ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

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AGE	SEX	CIVIL STATUS	PROPOSED POSITION
28	Female	inamied	Temporary - Regular
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FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mination results, personally examined the IT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENS TO GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE

PROPOSED APPOINTEE Christolle Visus F. Capuno, M.D. License No. 156881

AGENCY/Affiliation of Licensed Government Physician:

USHECK

HEIGHT (M)

Bare Foot

WEIGHT (KG)

Stripped

BLOOD

TYPE

AGENCY / ADDRESS

OFFICIAL DESIGNATION

LICENSE NO.

Ololessi Medical Other 111