CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

This medical certificate should be accepted. Attached this certificate to original accepted.					
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS			
GALVEZ, LORINA ACILO ADDRESS APT. 25, 141 BOLIRNE ST. VS	USY, Visce Baybay aty				
AGE SEX CIVIL STATUS			PROPOSED POSITION		
:46 FEMALE		ASSOC. PROF. IV			
	nt Medical-Physica				
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) βρ – Ιον / ων					
FOR T	HE PHYSICIAN				
I HEREBY CERITIFY that I have personally examined the above-na individual and found her/him to be physically and medically fit/unfit for employment			-named Affix Documentary t for Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN MERRY (HABITATION OF PHYSICIAN OF	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION		HEIGHT (Basefoot) 1 St. Jan	WEIGHT (Stripped) 50. Flago	BLOOD TYPE	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED			