CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name) Valdevieso, Leilani Mazo		AGENCY ADDRESS DFJT YSU Visca Baybay	
AGE SEX Female		PROPOSED POSITION Admin Aide I	ION
Pre-Employment	Medical-Physica	al Tests	
 Urinalysis Chest X-ray Drug Test Neuro-Psychiatri 		in whi fi	
FOR TH	E PHYSICIAN	Triecessary)	
I HEREBY CERITIFY that I have personally eindividual and found her/him to be physically an	E PHYSICIAN examined the above	re-named Affix Docum	
I HEREBY CERITIFY that I have personally eindividual and found her/him to be physically an employment PRINTED NAME/SIGNATURE OF PHYSICIAN	E PHYSICIAN examined the above	re-named Affix Docum	p
	examined the above d medically fit un	OTHER INFORMATION ABOUT PROPOSED APPOINTEE HEIGHT WEIGHT BLO (Banefood) (Stripped)	p