CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

		INSTRUCTIO	ONS				
<ol> <li>This medical c</li> <li>Attached this c</li> </ol>		The state of the s					
NAME (Last, First, Middle, or if married woman, Maiden Name) Articophic Pohlia Raw				AGENCY ADDRESS			
ADDRESS Guadalupi	, Baylay U	to, leyte					
AGE 47 SEX F CIVIL PROPOSED I					POSED PO	D POSITION T	
	<ol> <li>Blood Test</li> <li>Urinalysis</li> <li>Chest X-ra</li> <li>Drug Test</li> </ol>		~ h i	Topo	V		
	FC	OR THE PHYS	ICIAN				
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfit employment							
PRINTED NAME/SIGNATURE OF PHYSICIAN  JOSEPHINE O. ZAFICO, M.D.  Medical Officer III  License No. 1075699				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			1
OFFICIAL DESIGNATION				HEIGHT (Barefoot)	WEIGHT (Stripped) 62.8/5	BLOOD TYPE	120
AGENCY:  VSU HOSPITAL  Visayas State University  Visca, Baybay, Leyte, Philippines				DATE EXAMINED			