CS Form No.	211
Revised 2018	

ADDRESS

LICENSE NO.

OFFICIAL DESIGNATION

## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	1	0	N	

- 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 ☐ Neuro-Psychiatric Examination (if applicable)

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

FOR THE PROPOSED APPOINTEE

AGE	SEX	CIVIL STATUS		PROPOSED POSITION
26	t	SINGLE		hefmoor I
	FOR TH	IE LICENSED	GOVERNMENT	PHYSICIAN

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

Lic. No. 0156881 AGENCY/Affiliation of Licensed Government Physician:

VILLOCINO, MARY ANGELICA ADA

WHER USU

DIM1.881

1:6/m DATE EXAMINED Stripped

BLOOD

) TYPE

WEIGHT (KG)

AGENCY / ADDRESS

Department of Physics

HEIGHT (M)

Bare Foot

Mediad Other (1)