CS Form	No.	211
Revised 20	18	

ADDRESS

MEDICAL CERTIFICATE (For Employment)

1	Ν	S	T	R	U	C	T	10	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 ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

33 MALE SINGLE ASSISTANTE PREFUSER I	AGE 33	SEX	CIVIL STATUS	PROPOSED POSITION
			Unist.	Assistante Prefissor I

I hereby certify that I have reviewed and evaluated the attached exal above named individual and found him/her to be physically and medically	
SIGNATURE over PRINTED NAME OF AGENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE

Madigal officer III License No. 0156231

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

CAVITE, FRANCE ALLAN MOLATO

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M)

WEIGHT (KG)

AGENCY / ADDRESS

COLLEGE OF NORSING

DEPARAMENT OF

BLOOD TYPE

#0156881 OFFICIAL DESIGNATION

Non Hospin

LICENSE NO.

Bare Foot 164 en

Stripped

0+

MEDICAL OFFICER 7

DATE EXAMINED