CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

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- 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

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

CASANGCAPAN, ATHENA VALERIE

□ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

ADDRESS		DEPARTMENT OF			
Power	House 1 , Lou	PHYSICO			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
23 FEMALE		SINGU			
	FOR THE	LICENSED GOVERNMENT	PHYSICIAN		
-	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				

CORBITA

I hereby certify that I have reviewed and evaluate above named individual and found him/her to be physical	ed the attack	hed examin	nation results, / □UNFIT for	personally employme	examined nt.	the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNME	NT PHYSICIA	AN:	OTHER INFO	RMATION A		:

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M) WEIGHT (KG) BLOOD LICENSE NO. Bare Foot Stripped TYPE MATA 1-45 m 67. 6 kgs DATE EXAMINED OFFICIAL DESIGNATION

8-8-14

AGENCY / ADDRESS