CS For	m No.	211
Revised .	2018	

MAKE ..

MEDICAL CERTIFICATE

(For Employment)

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

FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

ADDRESS	SGY KWANAA	00160610	VSU
	LACION ZONE	10, to hybry city, verte	
AGE 51	SEX	CIVIL STATUS	PROPOSED POSITION
	FOR THE	LICENSED GOVERNMENT	PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically DF	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

11) 821

1-76 DATE EXAMINED

HEIGHT (M)

Bare Foot

5-2-05

WEIGHT (KG)

Stripped

BLOOD

TYPE

0

AGENCY / ADDRESS

Mo

NSM

LICENSE NO.

OFFICIAL DESIGNATION