CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

NAME (Last, First, Mic	ddle, or if married woman, Maide	n Name)	AGE	NCY ADDRESS
RAMAL	ALLAN ABON	IOTA	OSPAC,	VSU
ADDRESS	Baybay City, Leyte		Baybou	, city, leyte
AGE 43	SEX	CIVIL STATUS Single		POSED POSITION HE Prof. 1
	Pre-Employmer	nt Medical-Physic	al Tests	
	 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiat) MM f		
	FOR T	HE PHYSICIAN		
	FOR T	examined the above		Affix Documentary Stamp
employment PRINTED NAME/SIGNA	TIFY that I have personally a her/him to be physically a NURE OF PHYSICIAN	examined the above	OTHER INFO	1
PRINTED NAME/SIGNA JOSEPHINE OFFICIAL DESIGNATION	TIFY that I have personally a her/him to be physically a NURE OF PHYSICIAN O ZAFICO_M C	examined the abound medically fit/un	OTHER INFO	Stamp DRMATION ABOUT THE