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, Midd	dle, or if married woman, M	faiden Name)	AGENCY ADDRESS
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page 2	Pre-Employ	ment Medical-Physica	al Tests
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	1. Blood Test	1 . 1 .	1-70
	2. Urinalysis	,) who to 2	JN PO
	3. Chest X-ray		,
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