CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

	tificate should be acc tificate to original ap					
NAME (Last, First, Middle, or if married woman, Maiden Name)				AGENCY ADDRESS		
PÉRNITIO, AMELITO CATERIC ADDRESS				YSU		
Bry. Patas, Barbars City, tasil						
AGE	SEX	CIVIL STATUS W	PROPOSED POSITION			
Pre-Employment Medical-Physical Tests						
 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric Examination (If necessary) 						
FOR THE PHYSICIAN						
I HEREBY CERITIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment				Affix Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION CAL OFFICEP			HEIGHT (Basefoot)	WEIGHT (Stripped)	BLOOD TYPE	
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED			