CS Form No. 211 Revised 2017

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- 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/mental examinations 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

40	Female	Monried		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
ADDRESS	y. KILIM, BAYBA	H UM	Bry city	
A CONTRACTOR OF THE PARTY OF TH	HELOR, MARIA RO		OVPAF, VSU, VISCA,	
NAME (Last Nam	ne, First Name, Name Extensi	ion (if any) and Middle Name)	AGENCY / ADDRESS	

FOR THE LICENSED GOVERNMENT PHYSICIAN

LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	AD la
MERRY CHRIST'LT, SUPNET-GUINOCK, ND. Medical Officer III AGENCY/Affiliation of Licensed Government Physician:	_			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		