CSC Form No. 211 (Revised August 1998) MEDICAL CERTIFICATE For Employment

INSTRUCTION	13
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2. Attached this certificate to original appointments and i	reinstatemer	physician. its.	
NAME (Last, First, Middle, or if married woman, Maiden Name)	AGENCY ADDRESS		
QUINOVES, CECILLE MARIE OQUIAS	DEPT. OF SOIL SCIENCE		
COCONUT VILLAGE, VISCA, BAYBAY att, LEVRE			
AGE SEX CIVIL	PROPOSED POSITION		
30 FEMALE SINGLE	INSTRUCTOR 111		
Pre-Employment Medical-Physic	al Tests		
1_ Blood Test 2_ Urinalysis 3_ Chest X-ray 4_ Drug Test 5. Neuro-Psychiatric Examination (I	f necessary,)	
FOR THE PHYSICIAN			
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/un employment			
PRINTED NAME/SIGNATURE OF PHYSICIAN MERRY (HRIST'LT, SUPNET-GUNOCOK, M.D., Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION .	HEIGHT (Barefoot)	WEIGHT (Stripped) 41- (e	BLOOD TYPE
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines	DATE EXAMINED 7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		