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

## INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name)  DOYDORA, GLADYS GASPAY			AGENCY ADDRESS  YSU , BAYBAY CITY , LEYTE		
ADDRESS					
LOMANGOG	, UBAJ, BOHOL				
AGE つれ	SEX FEMALE	CIVIL STATUS SINGLE	PROPOSED POSITION		
	Pre-Employmen	t Medical-Physica	al Tests		
	<ol> <li>Blood Test</li> <li>Urinalysis</li> <li>Chest X-ray</li> <li>Drug Test</li> <li>Neuro-Psychiatr</li> </ol>				
	FOR TI	HE PHYSICIAN			
	I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unemployment				
individual and found				1	ocumentary Itamp
individual and found employment  PRINTED NAME/SIGNAT	her/him to be physically a		fit for	S ORMATION AB	tamp
PRINTED NAME/SIGNAT	her/him to be physically a rure of PHYSICIAN  ZAFICO_M D.	nd medically fit/uni	other info	S ORMATION AB	tamp