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

For Employment

INSTRUCTIONS

2. Attached th	al certificate should be is certificate to origina	l appointments and r	reinstatemen	its.	
NAME (Last, First, Middle, or if married woman, Maiden Name) GICA MAE CLAUDINE, MOPON ADDRESS Gapon Dist. Pob. Merida, beyte			Dept. of Dev Com, VSU Visca, Bourbay City, boyte		
AGE	SEX	CIVIL	PROPOSED POSITION		
22	Female	SINGLE	Instructor 1		
	Pre-Employn	nent Medical-Physica	al Tests		
	2 Urinalysis 3 Chest X-ray 4. Drug Test 5. Neuro-Psych	iatric Examination (/	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			re-named Affix Documentary fit for Stamp		
PRINTED NAME/SIGNA MERRY CHRISTLY Livering	SUNIT	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION			HEIGHT (Barefoot) 157-5cm	WEIGHT (Stripped) 54.5kg	BLOOD TYPE
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED 7-88-V		