CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

 This medical certificate should be accomplished by a government physician. Attached this certificate to original appointments and reinstatements. 	
NAME (Last, First, Middle, or if married woman, Maiden Name)	AGENCY ADDRESS
Valenzona Divina Luchavez	VSU, Visca, Baybay City
ADDRESS	vou, visca, paylog ally
Apt. 19, Visca, Baybay City, leyte	
AGE SEX CIVIL STATUS M	Instructor III
Pre-Employment Medical-Physical Tests	
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. 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 LIC. = 075F 90	HEIGHT WEIGHT BLOOD TYPE BP (Banefoot) (Stripped) 151 CL CZ CZ
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines	DATE EXAMINED