CS Form No.	211
Revised 2018	

**ADDRESS** 

## MEDICAL CERTIFICATE (For Employment)

IN	5	1	K	U	C	1	ı	O	N	S	

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/psychological must be attached to this form:

☑ Blood Test Urinalysis

RATIWA, MARK CATINGAN

APT- 22 VSU MAYMAY

Chest X-Ray Drug Test

Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

AGENCY / ADDRESS

DEPARTMENT OF MULCINEO

MANAGEMENT

AND

AGE ∂0	sex M	CIVIL STATUS	PROPOSED POSITION			
Interconstruction of the state	FOR THE	LICENSED GOVERNME	NT PHYSICIAN			
		viewed and evaluated the attached ex im/her to be physically and medically.	amination results, personally examined the			

above named individual and found him/her to be physically and medically.		, ,	
CHRISTELLE VENUS F. CAPUNG, M.D.  MEDICAL OFFICIER III  LICENSE NO. 0157.83  AGENCY/Affiliation of Licensed Government Physician:		FORMATION A POSED APPOI	
USHER USU			
LICENSE NO.	HEIGHT (M) Bare Foot 1-62	WEIGHT (KG) Stripped 88 kgr	BLOOD TYPE ,
OFFICIAL DESIGNATION	DATE EXAMINED	)	entroletenanioreoskirismoorija sukultustistelaina ren
Medical Officer111	16 April	2024	