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			
LEORNA, NILO LASQUITE			VISAYAS STATE			
ADDRESS			UNIVERSITY			
TAB-ANG KI	LIM, BAYBAY CITY,	CEYTE	UN	DIVERSI	/	
AGE	SEX	CIVIL	PROPOSED POSITION			
36	MALE	STATUS MARRIED	EN6K	2. 11	ĪĪ	
	Pre-Employment	Medical-Physica	Tests			
	1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric		necessary)	, F		
	FOR TH	E PHYSICIAN		1		
I HEREBY CERITIFY that I have personally examined the above individual and found her him to be physically and medically fit unfit employment			e-named Affix Documentary it for Stamp			
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
						OFFICIAL DESIGNATION
	VEU HOSPILL		(Barefoot)	(Stripped)	B	
V	C 49093800		76.3/2	112 6		
AGENCY:			DATE EXAMINED			
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			1	olali		