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

	INSTR	uctions			
	tificate should be accon tificate to original appo			rsician.	
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
LOR, DANIEL	CRISTOBAL	9	1/1CAVAC	C+ 1++	40.411/17/4
ADDRESS			בחקתפייו	STATE	UNIVERSITY
#22 MALINAO 111	, MAHAPLAG, LEY	<i>†E</i>			
AGE	SEX	CIVIL	PROPOSED POSITION		
31	MALE	STATUS SINGLE	INSTRUCTOR I		
	Pre-Employment N	Medical-Physica	al Tests		
	1 Blood Test 2 Urinalysis 3 Chest X-ray 4 Drug Test 5 Neuro-Psychiatric	Examination (/	f necessary)		
	FOR THE	PHYSICIAN		ri.	

I HEREBY CERITIFY that I have personally individual and found her/him to be physically ar employment	Affix Documentary Stamp				
PRINTED NAME/SIGNATURE OF PHYSICIAN MERRY (HRITLI, SUPPLY CONTROL OF PHYSICIAN CERTIFICATE NO. Medical Officer III License No. 111828		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION	,	HEIGHT (Barefoot) 147.5 Cm	WEIGHT (Swiffed) 74 Kgs	BLOOD TYPE	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippine	DATE EXAMINED 7-25-47				