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

INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name) BANZON , JOAN ROSEMARIE ABERCA ADDRESS D. VELOSO ST. BAYBAY CITY , LEYTE			AGENCY ADDRESS VISCA, BAYBAY CHY, LEYTE		
	1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatr Bp - W W	ic Examination (fi			
I HEREBY CERITIFY that I have personally examined the above-national individual and found her/him to be physically and medically fit/unfit for employment					
	RINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO. MEDICAL OFFICER II		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MEDI	CALY OFFICER III				
/ / /	CALYOFFICER III		HEIGHT (Barefoot)	WEIGHT (Stripped) 54.5k	BLOOD TYPE