CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

## INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name)  MENESES, NAZA QUECLA LASTMULA  ADDRESS  A - MAGNIST - BAGISAU CUTU, UEUTE			AGENCY ADDRESS USCA, BAY BAY CITY, LEUTE		
	Pre-Employme	ent Medical-Physica	l Tests		
	<ol> <li>Blood Test</li> <li>Urinalysis</li> <li>Chest X-ray</li> <li>Drug Test</li> <li>Neuro-Psychia</li> </ol>	> My -	necessary	)	
	FOR	THE PHYSICIAN			
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfitemployment					
JOSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
FFICIAL DESIGNATION			HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE
VSU HOSPITAL  Visayas State University  Visca, Baybay, Leyte, Philippines			DATE EXAMINED  1/8/17		