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

	INSTR	uctions			
	tificate should be accom rtificate to original appo				
NAME ( Last, First, Middle, o	or if married woman, Maiden Na	AGENCY ADDRESS			
ADDRESS	JEFER BAGARINA	NZN			
BRGY. HIBUNAWAN,					
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
25	FEMALE	MARRIED	Adm. Aide III		
	Pre-Employment N	ledical-Physica	al Tests		
	Blood Test     Urinalysis     Chest X-ray     Drug Test     Neuro-Psychiatric	Examination (/	f necessary)		
	FOR THE	PHYSICIAN			
I HEREBY CERITIFY	The state of the s	Affix Documentary			

I HEREBY CERITIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment				Affix Documentary Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MENN CNNDU T. SUNNEL. GUNDO					
OFFICIAL DESIGNATION	A*	HEIGHT (Baseloot)	WEIGHT (Stripped)	BLOOD TYPE	
Miajed Mur III			61.3	0,	
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines	DATE EXAMINED				