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

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NAME (Last, Firs	t, Middle, or if married woman, Ma	aiden Name)	AG	ENCY ADD	RESS	7
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ADDRESS	SOUTHERN LEYTE		DITTELLY	CITY , UE	tÀ LE	
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	Pre-Employm	nent Medical-Physica	al Tests			
	1_Blood Test					
	2. Urinalysis					ı
	3. Chest X-ray					
	4. Drug Test					I
		iatric Examination (I	f necessary	·)		1
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	FOR	THE PHYSICIAN				
individual and fo	FOR ERITIFY that I have personal bund her/him to be physicall	ally examined the abov		No. 100	Documentary Stamp	
individual and for employment PRINTED NAME/SI MERRY CHRISTLE.	ERITIFY that I have persona	ally examined the abov	fit for	No. 100	Stamp	
PRINTED NAME/SI MERRY CHRISTLE Medical License	ERITIFY that I have personal bund her/him to be physicall GNATURE OF PHYSICIAN Officer III	ally examined the above y and medically fit/un	OTHER INF PROPOSED HEIGHT (Bandost)	ORMATION A APPOINTEE WEIGHT (Stripped)	BOUT THE BLOOD TYPE	d d
individual and for employment PRINTED NAME/SI MERRY CHRISTLE.	ERITIFY that I have personal bund her/him to be physicall GNATURE OF PHYSICIAN Officer III	ally examined the above y and medically fit/un	OTHER INF PROPOSED HEIGHT	WEIGHT (Swiffed)	Stamp BOUT THE	1