CS Form No. 211 Revised 2018

## MEDICAL CERTIFICATE (For Employment)

1	N	S	T	R	U	C	T	1	0	N	S

a. This medical certificate should be accomplished by a licensed government physician.
b. Attach this certificate to original appointment, transfer and reemployment.
c. The results of the following pre-employment medical/physical/psychological

must be attached to this form:

Blood Test
Urinalysis
Chest X-Ray

Drug Test
Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPO	DINTEE				
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS				
Mejia, Hanzel  ADDRESS  VSU , Baybay City	pce				
AGE SEX CIVIL STATUS	PRO	POSED POS	ITION		
32 M	ACE	vistarit P	rofessor IV		
FOR THE LICENSED GOVERNMEN	NT PHYSIC	CIAN			
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically					
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Venus F Lapuno, M-D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:					
VSV Hospital					
LICENSE NO.	HEIGHT (M)	WEIGHT (KG	'		
0156881	Bare Foot	Stripped	TYPE		
OFFICIAL DESIGNATION	DATE EXAMINED				
Medical Officer III	6/18/28				