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

For Employment

INST	RUCTIONS			.*)	i
 This medical certificate should be according. Attached this certificate to original appropriate to the control of the control of the certificate and the certificate to original appropriate the certificate and the certificate are certificated. 					-
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
Quebec, Jett C ADDRESS	VSU, DLABS				
AGE SEX	CIVIL	PPO	POSED BO	DOLLION	
38 m	STATUS	Instructor 1			
Pre-Employment	Medical-Physica	-			-
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric	Examination (In	t			THE PARTY OF THE P
FOR TH	E PHYSICIAN				
I HEREBY CERITIFY that I have personally e individual and found her/him to be physically and employment					
PRINTED NAME/SIGNATURE OF PHYSICIAN JOSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION		HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE	BP
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 5 W 17			