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CS Form No.	211
Revised 2018	

ADDRESS

LICENSE NO.

MEDICAL CERTIFICATE

(For Employment)

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- 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
 - ☐ Psychological Test

Drug Test

SALAS, YSSAKHAR ALGODON

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

34	SEX	SINGLE	PROPOSED POSITION INSTRUCTOR II		
	FOR THE	LICENSED GOVERNMENT	T PHYSICIAN		

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	nination results, personally examined the T / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

Medical Officer III License No. 111828

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M) WEIGHT (KG) Bare Foot Stripped

1. 65 OFFICIAL DESIGNATION DATE EXAMINED 4.25.24

BLOOD

TYPE

AGENCY / ADDRESS

VISAYAS STATE UNIVERSITY