CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

 This medical certificate should be accor Attached this certificate to original appear 				
NAME (Last, First, Middle, or if married woman, Maiden N	AGENCY ADDRESS USU, VIXCA, Baybay City, Leyle			
ANDRADE, BUEN JOSEF C				
ADDRESS 274 WANDS6, DAMULA AN, ALBUEYL				
AGE 28 SEX MALE	CIVIL STATUS GINGUE	DYOC Broadcast Producer/Anama		
4. Drug Test 5. Neuro-Psychiatric	mu f	ly f		
I HEREBY CERITIFY that I have personally endividual and found her/him to be physically and employment				
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO. MEDICAL OFFICE:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 3 15 14		