CS Form	No.	211
Revised 201	18	

MEDICAL CERTIFICATE (For Employment)

INSTRUCTIONS

- 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)

RATMUND

16CMSAMA

ADDRESS

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

AGENCY / ADDRESS

BLOOD

TYPE

BAYBAY

VSU,

SAN	Isipro, KILIM	. BATBAT CITY	VE TE
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
35	MAVE	SINGLE	INSTAUCTOR IT
	FOR THI	E LICENSED GOVERNA	MENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exall above named individual and found him/her to be physically and medically to hereby the second	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
	PROPOSED APPOINTEE
MERRY CHRIST'L SUPNET - GUINOCOR, MD	
AGENCY/Affiliation of Licensed Government Physician:	

HOCP IAL VCU LICENSE NO. WEIGHT (KG) HEIGHT (M) Bare Foot Stripped

		1.3	12/2
OFFICIAL DESIGNATION		DATE EXAMINED	
MEDIC42	OFFICER III		5-2-21