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

INSTRUCTIONS

- 1. This medical certificate should be accomplished by a government physician.
- 2. Attached this certificate to original appointments and reinstatements.

NAME (Last, First, Middle, or if married woman, Maiden Name) AGENCY ADDRESS VISAMA STATE SALOMON, JE DESS MILADEL NUNEZ University ADDRESS NATIONAL ABOR A RESEARCH CENTER AGE SEX PROPOSED POSITION STATUS 31 INSTRUCTOR TIT MANNED Pre-Employment Medical-Physical Tests * Blood Test 2. Urinalysis 3. Chest X-ray Drug Test Neuro-Psychiatric Examination (If necessary)

FOR THE PHYSICIAN

I HEREBY CERITIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment



PRINTED NAME/SIGNATURE OF PHYSICIAN ON CANONICAL STATES MERITARIS THE STATES THE STATE	CERTIFICATE NO.	TE NO. OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED FI - F & - f		