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

INST	RUCTIONS				
This medical certificate should be acco Attached this certificate to original apprairs			•		
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
PANA, RONARD, GONZAGA					
VISCA, BAYBAY LEYTE					
AGE SEX	CIVIL	PROPOSED POSITION			
24 M	SINGLE	INSTRUCTOR 1			
Pre-Employment	Medical-Physica	al Tests			
1 Blood Test 2 Urinalysis 3 Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)					
FOR TH	E 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			Affix Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN MERRY CHRISTI I, SUPPLY-OUNCON, M.D. Medical Officer III License No. 111828	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION		HEIGHT (Barefoot)	WEIGHT (Stripped) STKey	BLOOD TYPE	100/6
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED ゴーdカーソテ			