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

For Employment

INST	RUCTIONS				-
<ol> <li>This medical certificate should be according.</li> <li>Attached this certificate to original appropriate to the control of the control of the certificate and the certificate are control of the certificate and the certificate are certificate.</li> </ol>					
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
Vecina, Ryan Johnson, Baste					
Tugas Hilapnitan Bay bay City	, Leyte				
AGE SEX	CIVIL	PROPOSED POSITION			
33 MALE	STATUS SINGLE	Driver			
Pre-Employment	Medical-Physica	Tests			7
	•				
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 individual and found her/him to be physically and medically fit/unfi					4
employment				,	
PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE NO.	The second second second second	ORMATION A	BOUT THE	4
JOSEPHINE O. ZAPICO, M.D. Niedical Officer III License No. 075699		PROPOSED	APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT	WEIGHT	BLOOD TYPE	br
		(Barefoot)	(Stripped)	0	13
AGENCY:		DATE EXAM			-
VSU HOSPITAL		ONIC CONTINUED			
Visayas State University Visca, Baybay, Leyte, Philippine	5 30	117			