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

For Employment

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		-			•	-				-

NAME (Last, First,	Middle, or if married woman, Ma	aiden Name)		ENCY ADD	
	ARL PABROQUEZ		Ysu, vi	sca, Bayba	y Gity, Layte
ADDRESS					
BRGY. GARA	S, BAY BAY CITY, LEYTE				
AGE	SEX	CIVIL	PRO	POSED PO	SITION
34	Female	STATUS Married	A	dm · Aide	N
	Pre-Employm	nent Medical-Physica	al Tests		***************************************
	1 Blood Test				
	2. Urinalysis				
	3. Chest X-ray				
	4. Drug Test				
	<ol><li>Neuro-Psych</li></ol>	iatric Examination (In	necessan	.)	
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		THE PHYSICIAN	The cessary,	/	
I HEREBY CEI	FOR RITIFY that I have persona	THE PHYSICIAN	e-named		ocumentary
ndividual and for	FOR	THE PHYSICIAN	e-named	Affix D	ocumentary Stamp
I HEREBY CEI individual and for employment	FOR RITIFY that I have persona	THE PHYSICIAN	e-named	Affix D	
individual and for employment	FOR RITIFY that I have persona	THE PHYSICIAN	e-named fit for	Affix D	Stamp
individual and for employment	FOR RITIFY that I have persona and her/him to be physicall	THE PHYSICIAN  Illy examined the above and medically fit/unf	e-named fit for	Affix D	Stamp
employment  PRINTED NAME/SIG	RITIFY that I have persona and her/him to be physically NATURE OF PHYSICIAN	THE PHYSICIAN  Illy examined the above and medically fit/unf	e-named fit for OTHER INFO PROPOSED	Affix D	Stamp BOUT THE
employment  PRINTED NAME/SIG	RITIFY that I have persona and her/him to be physically NATURE OF PHYSICIAN	THE PHYSICIAN  Illy examined the above and medically fit/unf	e-named fit for	Affix D	BOUT THE  BLOOD TYPE
employment  PRINTED NAME/SIG	RITIFY that I have persona and her/him to be physically NATURE OF PHYSICIAN	THE PHYSICIAN  Illy examined the above and medically fit/unf	e-named fit for  OTHER INFO PROPOSED  HEIGHT	Affix D  ORMATION AS APPOINTEE	Stamp BOUT THE
ndividual and for employment PRINTED NAME/SIG MERRY (HPRE DEFICIAL DESIGNATION	RITIFY that I have personal and her/him to be physically NATURE OF PHYSICIAN	THE PHYSICIAN  Illy examined the above and medically fit/unf	e-named fit for  OTHER INFO PROPOSED  HEIGHT (Banefoot)	Affix D DRMATION AS APPOINTEE WEIGHT (Stripped) GS. 5 kgs	BOUT THE  BLOOD TYPE
ndividual and for employment	RITIFY that I have persona and her/him to be physically NATURE OF PHYSICIAN	THE PHYSICIAN  Illy examined the above and medically fit/unforced  CERTIFICATE NO.	e-named fit for  OTHER INFO PROPOSED  HEIGHT (Bancfoot)  50 cm	Affix D DRMATION AS APPOINTEE WEIGHT (Stripped) GS. 5 kgs	BOUT THE  BLOOD TYPE