CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

## INSTRUCTIONS

This medical ce     Attached this ce	ertificate should be acc ertificate to original ap	complished by a go opointments and re	overnment einstatemer	physician. nts.		
NAME (Last, First, Middle, or if married woman, Maiden Name)				AGENCY ADDRESS		
LARROSA, JOSEFINA SOON MANDRAS				Ven, Visca, Baybay City		
Tinag-an, Albuera, leyte						
AGE	SEX	CIVIL	PROF	POSED PO	SITION	
47	F	STATUS	Adm.	fut. II		
Pre-Employment Medical-Physical Tests						
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)  FOR THE PHYSICIAN						
I HEREBY CERITIFY that I have personally examined the above-n individual and found her/him to be physically and medically fit/unfit femployment				named Affix Documentary for Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNAL OFFICER III			HEIGHT	WEIGHT	BLOOD TYPE	
LIC. <b># 07569</b> 9			(Barefoot)	(Stripped)	0	
VSU HOSPITAL  Visayas State University  Visca, Baybay, Leyte, Philippines			DATE EXAMINED  7/26/11			