CS Form	No.	21
Revised 20	118	

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MEDICAL CERTIFICATE

(For Employment)

		1	NSTRUCT	IONS		
а	This medical	certificate should h	e accomplished	hy a licensed	government	nhycioian

a. The meaner porthograph and a documphoned by a nochoca government physician.
 Attach this certificate to original appointment, transfer and reemployment.
c. The results of the following pre-employment medical/physical/psychological

must be attached to this form: Blood Test

Chest X-Ray Drug Test

Urinalysis

Psychological Test ■ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

LEMOS,	SHEILA	MARIE	CORREA	
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NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

ADDRESS

Sitio Kayaw, Tab-ang, Kilim, Bo

CIVIL STATUS SEX

P

single

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the

above named individual and found http://ner to be physically and medically ∠FIT / □UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICKINSED GOVERNMENT PHYSICIAN: Medical Officer III License No. 111828

AGENCY/Affiliation of Licensed Government Physician: 111826

OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

> HEIGHT (M) WEIGHT (KG) Bare Foot 177 66- TE

BLOOD TYPE

DATE EXAMINED

O+

Inedical Officer 1

Stripped

AGENCY / ADDRESS

PROPOSED POSITION

VSU

Admin. Asst. 11

1/15/2025

OFFICIAL DESIGNATION

LICENSE NO.

AGE

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