CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	1	0	N	-

- a. This medical certificate should be accomplished by a licensed government physician. b. 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 Urinalysis
 - Chest X-Ray Drug Test

COBMAUNG, DENMANK

- ☐ Psychological Test
- Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

3061.	Conalum,	(Nopalan, Cent	en
AGE 24	SEX	CIVIL STATUS Sixle	PROPOSED POSITION INSTRUCTOR I
	FOR THE	LICENSED GOVERNM	ENT PHYSICIAN

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

above named individual and found him/her to be physically and medically AFI	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M)

Stripped

WEIGHT (KG)

AGENCY / ADDRESS

DATEX. USU

BLOOD

TYPE

OFFICIAL DESIGNATION

Bare Foot

(0 U

LICENSE NO.

01368