CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

2. Attached this certificate to original appointments and rei		ts.		
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS		
YUNDE NONTE YUNDE NONTE A.		Drob of Drit		
ADDRESS DDC, VGM, Boylong	Bart	my cit	y can te	
AGE 43 SEX Male STATUS Gingle	Las	POSED PO	SITION SPOR	3
Pre-Employment Medical-Physical	Tests			
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If	necessary	hi,		
FOR THE PHYSICIAN				
I HEREBY CERITIFY that I have personally examined the above-named individual and found her him to be physically and medically fit unfit for stamp				
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
ELWIN JAY V. YU. M.D.	w			
OFFICIAL DEFICER IV	HEIGHT (Bareloot)	WEIGHT (Stripped)	BLOOD TYPE	040-110
LIC #098800	Nelec.	73.43	10	to
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines	DATE EXAMINED INTERPRETATION			