CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

## INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name)  MAZO, CRISANTS ABABAT  ADDRESS  BIZGY. MARCOS BAYBAY  AGE SEX CIVIL			LIBRARY		
	Drug Test     Neuro-Psychiatr	ic Examination (/			
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfemployment					
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
INSEPHINE	U. ZAPILO M		HEIGHT	WEIGHT	BLOOD TYPE
OFFICIAL DESIGNATION	AL OFFICER III		(Barefoot)	(8.5 kgs	0