CSC Form No. 211 (Revised August 1998) MEDICAL CERTIFICATE
For Employment

INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS			./-
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	1 Blood Test					
	2. Urinalysis					1
	3. Chest X-ray					
	4. Drug Test					
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	5. Neuro-Psychi	iatric Examination (II	f necessary)			
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