CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

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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
Chact Y Pay

Drug TestPsychological Test

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

AGENCY/Affiliation of Licensed Government Physician:

LICENSE NO.

OFFICIAL DESIGNATION

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

WEIGHT (KG)

Stripped

Car. G KOK.

HEIGHT (M)

Bare Foot

DATE EXAMINED

153 na

BLOOD

■ Neuro-Psychiatric Examination (if applicable)

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ADDRESS	and a superior content of the conten	KENETICC	
POBLACIO	on zone 12, mayon	ay cay, leyte	140,401103
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
3 4	Female	STNGLE	Assistant Prof 111
No.	FOR THE	LICENSED GOVERN	MENT PHYSICIAN
I hereby	certify that I have revi individual and found hir	iewed and evaluated the attach n/her to be physically and medica	ed examination results, personally examined the ally ☑FIT / □UNFIT for employment.
SIGNATURE over	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		