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:

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

Blood Test

Urinalysis Chest X-Ray

☐ Drug Test ☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

ADDRESS	apacao Rom	**	NSN
AGE	Brgy - N	larcos Baybay City	PROPOSED POSITION
3(	F	Single	Instructor 1

## FOR THE LICENSED GOVERNMENT 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 \(\sigma FIT \) \(\sigma UNFIT\) for employment.							
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE						

AGENCY/Affiliation of Licensed Government Physician:

156881

Bare Foot -53

DATE EXAMINED

HEIGHT (M)

Stripped 61

WEIGHT (KG)

AGENCY / ADDRESS

BLOOD

OFFICIAL DESIGNATION

VSU

LICENSE NO.

12/03/24

Medical