CS	Form	No.	211
Rev	ised 20	118	

## MEDICAL CERTIFICATE

(For Employment)

ì	N	5	1	K	U	C	l	l	O	N	5

- 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

Chest X-Ray Drug Test

Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

110	F	MARRIED	CCIENCE RESEARCH ASSISTANT				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION				
MARC	LOS DAY DAY	LEYTE	And a second				
ADDRESS							
Gun	mama, And	clyn M.	USU, VISCA BAJBAJ LE-				
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		ion (if any) and Middle Name)	AGENCY / ADDRESS				

## 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 DFIT / DUNFIT for employment.

SIGNATURE over PRINTED NAME OF LIGHNSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

Christelle Vanus F. Caeuno, M.D. License No. 156881

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M)

V5 V HUSPLTEL

154881

LICENSE NO.

Bare Foot 15

Stripped 60

WEIGHT (KG)

OFFICIAL DESIGNATION DATE EXAMINED

Medical Officer

BLOOD

TYPE