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

## INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name)  COBICO, MARY ANN GUMBA			AGENCY ADDRESS		
ADDRESS	WINK 7 ANN GUMBA	4			
	as nathan ISVIE				
	UZ, DAYBAY, LEYTE	CIVIL	DDOD	OSED POS	CITION
AGE 32	SEX	STATUS	PROP	OSED POS	SITION
	Pre-Employme	nt Medical-Physica	Tests		
	<ol> <li>Urinalysis</li> <li>Chest X-ray</li> <li>Drug Test</li> </ol>	) fry		4	plu
	J. Neuro-Psychia	tric Examination (If	necessary)		
		THE PHYSICIAN	necessary)		
		HE PHYSICIAN  y examined the above	e-named	Affix D	ocumentary Stamp
individual and fou employment	FOR T	HE PHYSICIAN  y examined the above	e-named it for	Affix Do	itamp
PRINTED NAME/SIGN  OFFICIAL DESTUNATION  HEAD	FOR T	HE PHYSICIAN  y examined the above and medically fit unf	e-named it for	Affix Do	itamp