CS Form No. 211 Revised 2018

ADDRESS

111

LICENSE NO.

AGE

## 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 Chest X-Ray

> Drug Test ☐ Psychological Test

APT 13, KILBOURNE ST, USU, BAY BAY CITY LEYTE

SEMBLANTE, OLIVER

SFX

DIS AYAS

☐ Neuro-Psychiatric Examination (if applicable)

DANIOT

CIVIL STATUS

ausc.

## FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

41	111		SINGLE	,	rssourie	Matessal II
	FOR	THE	LICENSED	GOVERNMEN	T PHYSICIAN	
				ted the attached exar		

## License No. 111828

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:

AGENCY/Affiliation of Licensed Government Physician:

UNIVERGITY

HEIGHT (M) Bare Foot 1.597m

Stripped

WEIGHT (KG)

AGENCY / ADDRESS

PROPOSED POSITION

OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AT

BLOOD

TYPE

OFFICIAL DESIGNATION MO II

111828

DATE EXAMINED