,CS Form No.	211
Revised 2018	2

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 Mnalysis

> Chest X-Ray Drug Test Psychological Test

■ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name	, First Name, Name Extens	on (if any) and Middle Name)	AGENCT ADDICES
JAC	one, Jo	YEZYN	NARC
ADDRESS	Pargy shade	hope, Buylony City, ley	fe
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
44	-	M	
	EOR T	HE LICENSED GOVERNM	MENT 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 AFIT / UNFIT for employment.					
	SIGNATURE over PRINTED NAME OF THE SED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE			

PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

HOSP 17tu

HEIGHT (M)

DATE EXAMINED

Bare Foot

TYPE

BLOOD

156881 OFFICIAL DESIGNATION

VSV

WEIGHT (KG)

Stripped

un

AGENCY / ADDRESS

LICENSE NO.

Medical Offur

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