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

For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

Attached this certificate to original appointments and reinstatements.					
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
NAPIERE, WIL MA VALIENTE (BUSTAMANTE)			VSM + Panjasnyan, Brubay City, Leyte		
ADDRESS ,		Baybay Uty, leyfe			
Gnadalyse, Baybay Cify AGE SEX 50 Female	, leyfe			,	
AGE SEX	CIVIL	PROPOSED POSITION			
50 Female	Mouried	Admin Arde IV			
Pre-Employment Medical-Physical Tests					
1. Blood Test					
2. Urinalysis					
3. Chest X-ray					
4. Drug Test					
Neuro-Psychiatric Examination (If necessary)					
FOR THE PHYSICIAN					
I HEREBY CERITIFY that I have personally examined the above-					
individual and found her/him to be physically and medically fit/unfit employment			t for Stamp		
omproyment .					
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.		OTHER INFORMATION ABOUT THE			
JOSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699		PROPOSED APPOINTEE			
OFFICIAL DESIGNATION (1/2)	And the state of t	HEIGHT	WEIGHT	BLOOD TYPE	
		(Barefoot)	(Stripped)		
		154cm	57 kg	U	
AGENCY:		DATE EXAMINED			
VSU HOSPITAL Visayas State University					
Visca, Baybay City, Leyte, Philippines					
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