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

INSTRUCTIONS					
This medical ce Attached this ce	rtificate should be acco	mplished by a goointments and r	overnment p reinstatemen	ohysician. ts.	
NAME (Last, First, Middle,	NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS	
RAMONEDA	BRENDA W	ASCAMINAS			
ADDRESS					
Sta.	CHUR BAMBA	1, CENTE			
AGE	SEX	CIVIL	PROPOSED POSITION		
53	FEMALE	STATUS			
Pre-Employment Medical-Physical Tests					
	1 Blood Test 2 Urinalysis 3 Chest X-ray 4 Drug Test 5. 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/unf employment NOTENINALLA NOTENINALLA CERTIFICATE NO.			e-named fit for	Affix Documentary Stamp	
PRINTED NAME/SIGNATURE MERRY (HNST T. SUN Medical Of License No.	ET-GUNOCOR, M.D.	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION			HEIGHT (Basefoot)	WEIGHT BLOOD TYPE (Stripped) 4 h 44-4(ce) A	B/p tw/s
AGENCY:	TOTAL TROOPERS		DATE EXAMIN	NED	70
VSU HOSPITAL Visayas State University			\- 23-h		
Visca Baybay Leyte Philippines			1 00 19		