CS Form No.	211
Revised 2018	

ADDRESS

AGE

MEDICAL CERTIFICATE (For Employment)

IN	S	T	R	U	C	T	10	N	S

- 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:
- Urinalysis
- Chest X-Ray
 Drug Test
 Psychological Test
 - ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

31	M	SINGLE	ASSISTANT PROFESSOR (
Broken Strategy of the Strategy St., Statement Astronomy	FOR THE	LICENSED GOVERNME	ENT PHYSICIAN
		viewed and evaluated the attached	examination results, personally examined the

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically I	mination results, personally examined the FIT $/ \square$ UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

CHRISTELLE

LICENSE NO.

OFFICIAL DESIGNATION

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

MARCOS, BAMBAM CIM, LEMTE

PANA, RONARD GONZAGA

ician:

M.D.

HEIGHT (M) | WEIGHT (KG) | BLOOD

Bare Foot

AGENCY / ADDRESS

Stripped

624195

TYPE

AT

VSU/BAYBAM, LEMTE

LICENSE NO. DIBUGUI

DATE EXAMINED

2t April 2024

Medical Officer 11