CSC FORM NO. 211 (Revised August 1998) MEDICAL CERTIFICATE

CIVIL SERVICE COMMISSION

For Epployment INSTRUCTIONS 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 LORETO ALAN Phil Rootcrops ADDRESS VSU Apt. 35 Kilbourne Dr., VSU, Baybay, City PROPOSED POSITION CIVIL STATUS SEX 48 M M Pre-Employment Medical-Physical Tests Blood Test Urinalysis Chest X-ray 4. Drug test 5. Neuro-Psychiatric Examination (if necessary) ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM. FOR THE PHYSICIAN I HERESY CERTIFY that I have personally examined the above-named iindividual and found him/her to be physically and medically fit/unfit for employment. AFFIX Documentary PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO. OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE OSEPHINE M. OBRERO-ZAFICO, MF 75699 Physician OFFICIAL DESIGNATION PIDOD HEIGHT WEIGHT BP=120/20 (Barefoot) (Stripped) TYPE 69 kgs. mmtg AGENCY DATE EXAMINED VISAYAS STATE UNIVERSITY 1-3-2008