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

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			
SEVILLA, ASTERIA, A					
ADDRESS					
BRGY. TINAG-AN, AUBWERA, VEYTE		VSU BAYBAY CITY			
AGE SEX	CIVIL	PROPOSED POSITION			
60 FEMME	MAMMED	ADM OFFICER 111			
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/unfremployment					
PRINTED NAME/SIGNATURE OF PHYSICIAN MENRY CHRISTILL COMMET CURVOUR, M.D. LICENSES CONTROL IN 1828	CERTIFICATE NO.	The state of the s	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT	WEIGHT	BLOOD TYPE	
		(Barefoot)	(Stripped)	404	
AGENCY:		DATE EXAMINED			
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		d-3.10			