CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

## **INSTRUCTIONS**

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

NAME (Last, First, I	Middle, or if married woman, Maide	en Name)	AGE	NCY ADD	RESS
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	Pre-Employme	nt Medical-Physica	al Tests		
	<ol> <li>Drug Test</li> <li>Neuro-Psychia</li> </ol>	tric Examination (li	f necessary)		
	5. Neuro-Psychia	tric Examination (In	f necessary)		
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