CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

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<ol> <li>This medical certificate should be accomplished by a government physician.</li> <li>Attached this certificate to original appointments and reinstatements.</li> </ol>									
NAME (Last, First, Middle, or if married woman, Maiden	AGENCY ADDRESS								
Regis, Michael Authory & ADDRESS Zone 3 Guadalupe Bay &	\ -	VSU, Baybay City							
AGE SEX	PROPOSED POSITION								
3/ Male	Asst Prof. 1								
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-named individual and found her/him to be physically and medically fit/unfit for employment  Affix Documentary Stamp									
PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE NO.	OTHER INFO	RMATION AI APPOINTEE	BOUT THE					
OFFICIAL DESIGNATION		HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE					
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines	9-5-V3								