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		
ALBA DOREEN BARTOLINI			YSU, Visco, Baybay City,			
ADDRESS				Leyte		
BRGY. GUADALUPE, BAYBAY CITY, LEYTE						
AGE	SEX	CIVIL	PROP	OSED PO	SITION	
31 years old	Female	STATUS Single	Admin. Aide III			
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-n individual and found her/him to be physically and medically fit/unfit f employment						
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
	disgu		PROPOSED	APPOINTEE		
MIM CHAM'S I. DANG. GUMA MIN						
OFFICIAL DESIGNATION			HEIGHT (Baseloct)	WEIGHT (Stripped)	BLOOD TYPE	
Minica Mor III			IASom	51W	kor	
AGENCY:			DATE EXAMINED			
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			1-11-13			