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

## INSTRUCTIONS

| NAME (Last, First, Middle, or if married woman. Maiden Name)  PAUSANUS MIKE BEHASA  ADDRESS |  |   | VISCA BAYBAY CITY  |              |   |
|---|--|---|--|--------------|---|
|   |  |   |  |              |   |
| AGE<br>31   | SEX  | CIVIL<br>STATUS<br>MARRIED              |  | POSED PO     |   |
|   | Pre-Employme   | nt Medical-Physica                      | The same of the sa | 0            | Togge or common description of ways grapes with the |
|   | 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiate | M-th                                    |  |              |   |
|   | POP T  |   |  |              |   |
|   | TORI   | HE PHYSICIAN                            |  |              |   |
| individual and foun   | THEY that I have personally her him to be physically a                     | examined the abov                       | e-named<br>it for  |              | ocumentary<br>Stamp                                 |
| individual and found<br>employment  | THEY that I have personally her him to be physically a                     | examined the abov                       | it for   |              | Stamp   |
| I HEREBY CERI individual and foun employment printed NAME/SIGNATION OFFICIAL DESIGNATION    | THEY that I have personally her him to be physically a                     | examined the above and medically finant | it for   | DRIMATION AS | Stamp   |