CS Form No. 211 Revised 2017

## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

Blood Test
Urinalysis
Chest X-Ray

☐ Drug Test
☐ Psychological Test
☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Nam	e, First Name, Name Exte	AGENCY / ADDRESS	
Meli-	ton Ver	gite Cerna	
ADDRESS		J	
J.P. J	aure 3+.	. Baybay, lity, leyk	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
62	M	[M	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically and medical			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Wiles and Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	162 cm	76.3kg	B
OFFICIAL DESIGNATION	DATE EXAMINED		
The state of the s		4-15-16	