CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden I	Name)	AGE	NCY ADDR	RESS
LORETO MA THERES	SA POSAS	DOPA	C; VSI	1
Apt. 35 Kilbourne St. VSU,	Visca			
AGE SEX	CIVIL	PROP	POSED POS	SITION
54 Female	Married	ASSOCI	iate Pro	of IV
Pre-Employment		I Tests		
Urinalysis Chest X-ray Drug Test Neuro-Psychiatric	7 Pup to		V	
	E PHYSICIAN	necessary)		
FOR TH I HEREBY CERITIFY that I have personally e individual and found her/him to be physically an	E PHYSICIAN	e-named	Affix Do	ocumentary tamp
I HEREBY CERITIFY that I have personally e individual and found her/him to be physically and employment PRINTED NAME/SIGNATURE OF PHYSICIAN	E PHYSICIAN	e-named fit for	Affix Do	tamp
FOR TH	E PHYSICIAN examined the above d medically fit/uni	e-named fit for	Affix Do	tamp