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

INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name) BIBERA , REGINA C.			AGENCY ADDRESS		
ADDRESS Candada	n, Baybay, Leyte			7*1	
AGE 53	SEX Female	CIVIL STATUS Married		OSED PO	SITION
	 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiat FOR T			1	
I HEREBY CERITIF individual and found he employment	Y that I have personally a r/him to be physically a				Documentary Stamp
individual and found he	E OF PHYSICIAN		it for		Stamp
PRINTED NAME/SIGNATUR JOSEPHINE O. ZA	E OF PHYSICIAN	and medically fit/unf	it for	DRMATION AI APPOINTEE WEIGHT (Stripped)	Stamp