CS Form No. 211 Revised 2018

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.	
a. The require of the following are apple west and itself by the size of the same in the s	

c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

☑ Blood Test

☑ Urinalysis

☑ Chest X-Ray Drug Test □ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

FOR THE PROPOSED APPOINTEE

THE RESIDENCE OF THE PROPERTY	EMILY, TAGOMOA	Visca, Caybay City Lyte	
Oray. San'	stago, Iligan City	PROPOSED POSITION	
371	Female	Monried	Assistant Professor IV
	FOR TH	E LICENSED GOVERN	MENT PHYSICIAN
l hereb	by certify that I have r	eviewed and evaluated the attach	ned examination results, personally examined the

AGENCY / ADDRESS

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically AFIT / UNFIT for employment.					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
STATE ASSIGNATION MIN DUNNER, MD					

AGENCY/Affiliation of Licensed Government Physician:

M5U-11+ CHIMIC LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE

1-48 55 DATE EXAMINED

0143349 Ot OFFICIAL DESIGNATION APRIL 19, 2024 OFFI OFR MEDI COL 111