CS Form	No.	211
Revised 201	18	

**ADDRESS** 

LICENSE NO.

## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	1	N	S	T	R	U	C	T	1	0	N	S
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- 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/psychological must be attached to this form:
- ☑ Blood Test
- ☑ Urinalysis ☐ Chest X-Ray
- Drug Test Psychological Test

BELLEN, JOY ABELARDO

POB. ZONE 2, BAYBAY CITY

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

AGE 40	SEX	CIVIL STATUS MARRIED	PROPOSED POSITION
DESCRIPTION OF THE PROPERTY OF	FOR THE	LICENSED GOVERNMEN	IT PHYSICIAN
I hereby	y certify that I have rev	viewed and evaluated the attached exemples and medically.	amination results, personally examined the FIT / □UNFIT for employment.

VIVI VVIVI CVV	m/her to be physically and medically	3FIT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LI	CENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

Wan Hospital

111828

Medical Officer III

HEIGHT (M) Bare Foot 1.3

DATE EXAMINED

WEIGHT (KG)

Stripped

AGENCY / ADDRESS

5/2/2024

BLOOD

TYPE

OFFICIAL DESIGNATION

ICEV