CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

	certificate should be according to a certificate to original ap				
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
BURLAS					
ADDRESS					
CAN-UNTOG,	ormoc CITY, LEY	t =			
AGE	SEX	CIVIL	PROP	OSED PO	SITION
34	MALE	STATUS	the Inter 11		
	Pre-Employmen	t Medical-Physica	Tests		
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) Bp: 130/80					
	FOR TH	IE PHYSICIAN			
I HEREBY CERITIFY that I have personally examined the above-nindividual and found her/him to be physically and medically fit/unfit femployment					
PRINTED NAME SIGNATURE OF PHYSICIAN JOSEPHINE O. ZAFICO, M.D. Niedical Officer III License No. 075699			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		1	HEIGHT	WEIGHT	BLOOD TYPE
V			(Barefoot) 164 cm	(Stripped) 82-169	В
AGENCY:			DATE EXAMINED		
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			11/3/16		