CS Form No.	211
Revised 2018	

## MEDICAL CERTIFICATE (For Employment)

INSTRUCTIONS
<ul> <li>a. This medical certificate should be accomplished by a licensed government physician.</li> <li>b. Attach this certificate to original appointment, transfer and reemployment.</li> <li>c. The results of the following pre-employment medical/physical/psychological must be attached to this form:</li> </ul>
☑ Blood Test ☑ Urinalysis

☐ Neuro-Psychiatric Examination (if applicable)

Mysty

☐ Chest X-Ray ☐ Drug Test

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

TROYO, RODEN D.

**ADDRESS** 

LICENSE NO.

OFFICIAL DESIGNATION

☐ Psychological Test

Dept - of Hartizo Home, USU, VSSA PAYDON Co

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

WEIGHT (KG)

Stripped

BLOOD

180

HEIGHT (M)

Bare Foot

AGE 30	SEX	CIVIL STATUS  SINGLE	PROPOSED POSITION ASSCIZE POJEST Z	
FOR THE LICENSED GOVERNMENT PHYSICIAN				
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 DFIT / DUNFIT for employment.				
SIGNATURE ove	PRINTED NAME OF	LICENSED GOVERNMENT PHYSICIAN:  WWW JAY V- W	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affilia	tion of Licensed Gove	mment Physician:	me	