CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

NAME (Last, First, Middle, or	if married woman, Maiden N	lame)	AGE	NCY ADD	RESS
Avanido	Losson	Boray			
ADDRESS CONCILU		an loxe			
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	Pre-Employment I	Medical-Physica		1	
	1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro Psychiatrio	My to	1	pl	
	J. Neuro-Psychiatric	Examination (I	f necessary)		
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	FOR THI	E PHYSICIAN	e-named	Affix D	Documentary Stamp
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individual and found her/hemployment PRINTED NAME/SIGNATURE C EL WIN OFFICIAL DESIGNATION TA	that I have personally example to be physically and	E PHYSICIAN Examined the above the medically fit unit	e-named fit for	Affix D	Stamp