CSC Form No. 211 (Revised August 1998)
MEDICAL CERTIFICATE
For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

NAME (Last, First, Middle, or if married woman, Maiden Name) MANGAGASG, EDUARDS CLIVAS			College of Forestry + Envi. Science, VSU, Visca			
ADDRESS Warn	er Age 102, USU, VI , Couple	Scz, Baybay	Scionce Bay bay			
AGE 57	SEX	CIVIL STATUS MARKIST		PROPOSED POSITION FESTOR VI		
	Drug Test Neuro-Psychia	tric Examination (In the PHYSICIAN			4	
I HEREBY CERITIFY that I have personally examined the above individual and found her him to be physically and medically fit under the employment			e-named Affix Documentary fit for Stamp			
individual and four					RMATION ABOUT THE APPOINTEE	
individual and four employment PRINTED NAME/SIGN	ATURE OF PHYSICIAN	CERTIFICATE NO.	OTHER INFO	APPOINTEE	BOUT THE	
PRINTED NAME/SIGN EL WIN A OFFICIAL DESIGNATION	IATURE OF PHYSICIAN	CERTIFICATE NO.		WEIGHT (Shipped)	BLOOD TYPE	