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) VALENZOMA ERLINIJA SAMTIAGO ADDRESS			VISAGENCY ADDRESS VISAGES STATE UMIVERSITY VISCE, Baybay City Leyk 654						
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					AGE	SEX	CIVIL		OSED POSITION
52	FEMALE	STATUS	Anara	ACCUADUT IT					
		MARRIED		ASSISTANT II					
	 Blood Test Urinalysis Chest X-ray Drug Test 								
	5. Neuro-Psychiatr	ric Examination (/	f necessary)						
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