CS Form	No.	211
Revised 201	8	

Manquiat

ADDRESS

MEDICAL CERTIFICATE (For Employment)

	_
INSTRUCTIONS	

b. Attach this certificate to original a	appointment, t	transfer and	reemploym	ent.	
c. The results of the following pre-e	mployment m	edical/phys	ical/psycho	logical	
must be attached to this form:					

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

must be attached to this form:			
☐ Blood Test			
Urinalysis			
Chest X-Ray			
□ Drug Test			
☐ Psychological Test			

FOR THE PROPOSED APPOINTEE

□ Neuro-Psychiatric Examination (if applicable)

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

Nicola Chasca

	, Baybay ci		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
22	+	2	Ishucon I
	FOR THE	LICENSED	GOVERNMENT PHYSICIAN
Lhoroby			ed the attached examination results, personally examined

Becada

AGENCY / ADDRESS

Dept. 6# Bibligical Sciences

above named individual and found him/her to be physically and medically	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
Christelle Venus F. C. Audo, M.D. Lic. No. 0156981	PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
VSU Horanda	
LICENSENO	HEIGHT AN WEIGHT ACK BLOOD

LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOC	D
Oto Ce 8 81	Bare Foot Stripped TYPE	-
	1.51 52.2 At	
OFFICIAL DESIGNATION	DATE EXAMINED	

Medical other III g tragut my