CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

## INSTRUCTIONS

Attached this certificate to original appropriate the control of the certificate and the certificate to original appropriate the certificate the					
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS VSV Hyp. Hy VSV Bryg his, by te		
ADDRESS Duply Az VSU Company, Bo	my his, hyte	VSV	Buth	his, by te	
AGE SEX M	CIVIL	PROPOSED POSITION Chiny 1 Hoppel I			
Pre-Employment	Medical-Physica	I Tests			
<ol> <li>Blood Test</li> <li>Urinalysis</li> <li>Chest X-ray</li> <li>Drug Test</li> <li>Neuro-Psychiatric</li> </ol>		h Try	V	\$	
FOR TH	E PHYSICIAN				
I HEREBY CERITIFY that I have personally examined the above-individual and found her/him to be physically and medically fit/unfit employment					
JOSEPHARE OF PHYSICIAN CERTIFICATE NO.		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNMENICAL OFFICER 111 LIC. # 075699	)	HEIGHT (Barefoot)	WEIGHT (Stripped) 87/4	BLOOD TYPE  A "+"	
VSU HOSPITAL  Visayas State University  Visca, Baybay, Leyte, Philippines		DATE EXAMINED  2   10   14			