CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

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

Attached this certificate to original appointments and re	, ,			
NAME (Last, First, Middle, or if married woman, Maiden Name)	AGENCY ADDRESS			
SACEDON, MARLON FLORES	,			
ADDRESS	VSU			
DEPT- OF MATHOMATICS / PHYSICS AGE SEX CIVIL	VSU Baybay City			
AGE SEX CIVIL	PROPOSED POSITION			
49 MALE STATUS MARRIEN	Aust Professor III			
Pre-Employment Medical-Physica				
 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric Examination (If 	f necessary)			
FOR THE PHYSICIAN				
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unflemployment				
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO. MERRY (MIST L.T. SUPPLE OF MIST. M.D.) Medical Soft car mit. License No. 2216228	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION	HEIGHT WEIGHT BLOOD TYPE (Banefood) (Stripped) W			
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines	DATE EXAMINED			