CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

## INSTRUCTIONS

- 1. This medical certificate should be accomplished by a government physician.
- 2. Attached this certificate to original appointments and reinstatements.

NAME (Last, First, Middle, or if married woman, Maiden Name)  BANDALAN , MARVIN BAYNO			AGENCY ADDRESS		
ADDRESS	ISIDPO, PAYDAY CI	TY, LEME			
AGE 25	SEX	STATUS	PROPOSED POSITION		
	<ol> <li>Blood Test</li> <li>Urinalysis</li> <li>Chest X-ray</li> <li>Drug Test</li> </ol>	nt Medical-Physica  ) My for the formation (If	Tupis files		

## FOR THE PHYSICIAN

I HEREBY CERITIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment



mmHd

OSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION	HEIGHT (Basefoot) 162 cm	WEIGHT (Stripped) (64 HG	BLOOD TYPE	
AGENCY:  VSU HOSPITAL  Visayas State University  Visca, Baybay, Leyte, Philippin	nes	DATE EXAMINED		