CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name) SERINO, MOISES NEI V.			AGENCY ADDRESS			-
			Dept. of Economics			
ADDRESS			1	(
Apt. 39 , K	ilbourne Drive, l	1211				
AGE	SEX	CIVIL	PROPOSED POSITION			
33	M	STATUS M	Assistant Professor IV			
	Pre-Employm	ent Medical-Physica	al Tests			
	1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychi	atric Examination (I	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/unfemployment			e-named Affix Documentary it for Stamp			
PRINTED NAME/SIGNATURE OF PHYSICIAN MENN (1997) 1 1997 1997 1997 1997 1997 1997 19			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
	OFFICIAL DESIGNATION			WEIGHT	BLOOD TYPE	BP:
OFFICIAL DESIGNATION			(Baseloot)	(Stripped)	A+	
OFFICIAL DESIGNATION			110 04	10.100		i.
OFFICIAL DESIGNATION AGENCY:			DATE EXAM	60 kg		