CS Form No.	211
Revised 2018	

## MEDICAL CERTIFICATE (For Employment)

THE PARTY OF		Name of Street			-
INS	TR	UC	TI	ON:	S

- a. This medical certificate should be accomplished by a licensed government physician. b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

Blood Test

Urinalysis Chest X-Ray

Drug Test Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
SUMARI	A, MA. GRACE C	URAY	
ADDRESS		VSVI	
20NE	S, MRGY. PATAC,		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
70	FEMALE	MAKRIEI)	INSTRUCTOR 111

BLOOD TYPE

## FOR THE LICENSED GOVERNMENT

FOR THE LICENSED GOVERNMEN	II PHYSICIAN				
I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically ☐FIT / ☐UNFIT for employment.					
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				

Lic. No. 0156881

AGENCY/Affiliation of Licensed Government Physician:

NON LICENSE NO. HEIGHT (M) WEIGHT (KG) Bare Foot Stripped 0156881 45ka 1-61Cm

OFFICIAL DESIGNATION DATE EXAMINED 05/02/2024 MO III