

CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

 This medical certificate should be accomplished by a government physician. Attached this certificate to original appointments and reinstatements. 					
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
ORANO, JONAH FLOR VILLAR					
ADDRESS			DEPT OF COMPUTER		
SAN ISIDRO MAHAPLAG LEYTE			SCIENCE		
AGE	The state of the s		PROPOSED POSITION		
36	FEMALE	STATUS	INSTRUCTOR		
Pre-Employment Medical-Physical Tests					
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)					
FOR THE PHYSICIAN					
I HEREBY CERITIFY that I have personally examined the above-name individual and found her/him to be physically and medically fit/unfit for employment				Affix Documentary Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
	MUSTUN				
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			(Basefoot)	(Stripped) 4	
Meason your III			149 cm	Siky At	
AGENCY:			DATE EXAMINED		
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			1-12-17		