CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Chest X-Ray □ Drug Test

Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

DEGENI ADDRESS		GRACE VIVERD	VSU, BAYBAY CITY	
AGE			PROPOSED POSITION	
48	FEMALE	MARRIED	AA TII	

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OFFICIAL DESIGNATION	DATE EXAMINED		
111858	155	53-5	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
VSU tospith	LIFIQUE	Tweetour I	DI COD
AGENCY/Affiliation of Licensed Government Physician:			
Medical Officer III License No. 111828		I OOLD AIT OIN	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T. SUPNET-GUINOLOG M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically [xamined the
FOR THE LICENSED GOVERNME	NT PHYSIC	IAN	