CSC Form No. 211 (Revised August 1998)
MEDICAL CERTIFICATE
For Employment

INSTRUCTIONS

NAME (Last, First, Midd	lle, or if married woman, Maid	len Name)	AG	ENCY ADD	RESS
GORNE, N	ELLO D.			TEARE !	Railer 157
ADDRESS			,	0-20-1,3	Baylony al
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	1 Blood Test				
	2 Urinalysis 3 Chest X-ray				
	4 Drug Test				
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