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

INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
MENDOZA, EDILBERTO V.			VISBA BAY-BAY		-Y-8AY
ADDRESS	23 BAY BA		CIT	7, 48	77E
AGE 40	SEX Mala	CIVIL STATUS /ブムルタイプタ		POSEDPO	SITION Y GUARD
	Pre-Employment	Medical-Physica	al Tests	-	
	 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric 	c Examination (I	f necessary)		
i	FOR TH	E PHYSICIAN			
individual and found her/	that I have personally e	examined the abov		00	Documentary Stamp
I HEREBY CERITIFY individual and found her/employment PRINTED NAME/SIGNATURE MEAN (MASTIT, Medical Office License No. 11)	that I have personally enhim to be physically and OF PHYSICIAN	examined the abov	fit for	DRMATION AI	BOUT THE
PRINTED NAME/SIGNATURE	that I have personally enhim to be physically and OF PHYSICIAN	examined the aboved medically fit/uni	other info	DRMATION AI	Stamp