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

Chest X-Ray

Drug Test

Psychological Test

Neuro-Psychiatric Examination (if applicable)

medical office my

FOR THE PROPOSED APPOINTEE

NAME (Last Nan	ne, First Name, Name Extens	AGENCY / ADDRESS	
CABE	UN, ROUM	VSU - SAMBAY	
PAWI	M. PALO,	WYTE	/
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
36	M	M	(ustrutor)

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically [1]				Э
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'LT, SUPNET-GUIL COR, M. D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			1
Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:				
Ven Hoppitel				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 70.914	BLOOD TYPE	n
OFFICIAL DESIGNATION	DATE EXAMINE	D ()		