CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

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- 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

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

- Drug Test Psychological Test
- Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

GORRE, MARIA PRECIUA BALO VSU, VISCOY ADDRESS Bourbay Coty, Leyte MASSUG, AGE PROPOSED POSITION MARKIED ADMINISTRATINE AIDE VI

THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically ☐FIT / ☐UNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE

PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

LICENSE NO.

DATE EXAMINED

HEIGHT (M)

Bare Foot

BLOOD

1.25.25

WEIGHT (KG)

Stripped

AGENCY / ADDRESS

OFFICIAL DESIGNATION