CS Form No. 211 Revised 2017

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/mental examinations must be attached to this form:

Blood Test
Urinalysis
Chest X-Ray
Drug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	ne, First Name, Name E	xtension (if any) and Middle Name)	AGENCY / ADDRESS	
OCLAI	RIT, ELVI	ea L.	DPM-VSU	
ADDRESS				
GUADA	LUPE, BAY	BAY, LEXTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
58	F	M	Acro Prof. IV	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically-				
SIGNATURE OVER PRINTED NAME OF ICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
MERRY CHRIST'L T, SUPNET-GUNOCOR, M.D. Medical Office III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD V ^{TYPE} 4	
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED \- \d-\8		