CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INST	RUCTIONS		
 This medical certificate should be a Attached this certificate to original 	'	•	' '
NAME (Last, First, Middle, or if married woman, Maiden Name) Montajos Carlos Bagarinar ADDRESS Breyn Morcos Baybay City AGE SEX CIVIL STATUS		AGENCY ADDRESS DEE VSW	
AGE SEX M Pre-Employment Medical-Physical Tests	M	CAS U ADMIN	ED POSITION ALL ALDET
 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric Examination 	on (If necessary)	i fib	
FOR TH	IE PHYSICIAN		
I HEREBY CERITIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment			Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	

075699

VSU HOSPITAL

PHINE O. ZAFICO, M.D.

Medical Officer III

OFFICIAL DESIGNATION

Visayas State University Visca, Baybay City, Leyte, Philippines DATE EXAMINED:

HEIGHT

(Barefoot)

188-

WEIGHT

(Stripped)

69-84-

BLOOD BRID

TYPE

1 4

12/1/11