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

## INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name) GALAMBAO, MARCIAHA BAJA  ADDRESS TRYTAY, DUERO, BOHOL 6309			AGENCY ADDRESS Viscayas State University Visca, Baybay City, Leyte 6521-A		
		atric Examination (/			
	I HEREBY CERITIFY that I have personally examined the above-named adividual and found her/him to be physically and medically fit/unfit for amployment Stamp				
JOSEPHINE O. VAFICO, M.D. Medical Officer III License No. 075699		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
DESIGNATION			HEIGHT (Barefoot)	WEIGHT (Sovieted) 54.1 Kg	BLOOD TYPE
AGENCY:  VSU HOSPITAL  Visayas State University  Visca, Baybay, Leyte, Philippines			DATE EXAMINED		