DATE EXAMINED:

CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS						
 This medical certificate should be accomplished by a government physician. Attached this certificate to original appointments and reinstatements. 						
NAME (Last, First, Middle, or if married woman, Maiden Name)				AGENCY ADDRESS		
VALDEVIESO GELBERTO POLIGIUM				VSU		
ADDRESS PORCE. COARAS BAYBAY CITY LEYTE					,	
AGE :	SEX	CIVII	LSTATUS	PROPOSED POSITION		
37	MALE	M	APPRICT	DRIVER		
Pre-Employment Medical-Physical Tests 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) FOR THE PHYSICIAN						
I HEREBY CERITIFY that I have personally examined the aboundividual and found her/him to be physically and medically fit/us employment					Affix Documentary Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
JOSEPHINE O. ZAFICO, M.D. 075699						
OFFICIAL DESIGNATION				HEIGHT	WEIGHT	BLOOD
Medical Officer III			(Barelood)	(Stripped)	TYPE A+	

VSU HOSPITAL Visayas State University Visca, Baybay City, Leyte, Philippines 3n 90, W