CS Form No. 211 Revised 2018

LICENSE NO.

OFFICIAL DESIGNATION

## MEDICAL CERTIFICATE

(For Employment)

LAL	C	T	D	11	0	T	1 /	0	M	-

a.	This medical	certificate	snould b	e accomplish	ied by a i	icensed	government	pnysiciar
h	Attach this co	artificate to	original	annointment	transfer	and roon	nnlovment	

- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:
- ☐ Blood Test
- ☐ Urinalysis
  - ☐ Chest X-Ray ☐ Drug Test
  - ☐ Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

NAME (Last Name	e, First Name, Name Extension (i	AGENCY / ADDRESS	
MONDA	, NELSIE FE	ERNANDEZ	OFFICE OF THE VICE PREADO
ADDRESS		F40 5.444.00 =	
MRGY.	PANGASUGAN,	FOR FINANCE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
49	PEMALE	MARKIEU	ADMINISTRATIVE AIDE VI

## 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 $\Box F$	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE

License No. 098800 AGENCY/Affiliation of Licensed Government Physician:

BLOOD WEIGHT (KG) Stripped

HOSPITAL

098800

CHIEF OF HOSPITAL

DATE EXAMINED 04-03-20W

HEIGHT (M)

Bare Foot

1-50

75

AT

TYPE