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
CAPUNO VOSE VILLA	NSU
ADDRESS GUADALUME	
AGE SEX CIVIL STATUS	PROPOSED POSITION
SF MALE M	ADMIN. AIDE
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 above-named individual and found her/him to be physically and medically fit/unfit for Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE N	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
ELWIN JAY V. YU. M.C.	n
OFFICIAL DESIGNATION THE LEAD VSU HOSPITA	HEIGHT WEIGHT BLOOD TYPE (Banefoot) (Stripped) 164-71 7644
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines	DATE EXAMINED