CS Form No.	211
Revised 2018	

**ADDRESS** 

LICENSE NO.

AGE

## MEDICAL CERTIFICATE (For Employment)

1	N	C	T	D	11	0	T	10	M	0

- a. This medical certificate should be accomplished by a licensed government physician. b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological
- must be attached to this form:
- Blood Test
- rinalysisلا
- Chest X-Ray ☐ Drug Test
  - Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

CIVIL STATUS

Guatlo Jucel Marie Forrevillas

## FOR THE PROPOSED APPOINTEE

	28	F	Snyl	c	The octor comen
Denktoskebreko	- an and chance delicts received sometimes of chances are	FOR TH	HE LICENSED	GOVERNMENT	PHYSICIAN
	I hereby ce	ertify that I have	e reviewed and evalua	ted the attached examir	nation results, personally examined the

above named individual and found him/her to be physically and medically	mination results, personally examined the FIT / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

Christelle Venus F. Capuno, M.D. Lic. No. 0255381 AGENCY/Affiliation of Licensed Government Physician:

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Ormoc Gits

SEX

HEIGHT (M)

AGENCY / ADDRESS

PROPOSED POSITION

WEIGHT (KG)

Stripped

47.75

BLOOD

TYPE

Vsu Hospital Bare Foot 155 OFFICIAL DESIGNATION DATE EXAMINED

Medical Officer 111 7/23/2024