CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

## INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

NAME (Last, First, Middle, or if married woman, Maiden Name)  Guarte, Jacqueline Mendoza  ADDRESS			AGENCY ADDRESS  Visca, Baybay City Leyte								
						VSU Campus, Vi	sca, Baybay	City, Leyte			
						AGE	SEX	CIVIL	PROF	POSED PO	SITION
55	F	M	Professor III								
3	Urinalysis     Chest X-ray     Drug Test     Neuro-Psychi	iatric Examination (	If necessary)	)							
	FOR	THE PHYSICIAN	-								
	that I have persona	ally examined the above		100000000000000000000000000000000000000	)ocumentary Stamp						
I HEREBY CERITIFY to individual and found her/hemployment  PRINTED NAME/SIGNATURE COMPANY CHRISTLE, SPINET-GUING Medical Officer In License No. 1118.	that I have persona tim to be physically OF PHYSICIAN	ally examined the above	fit for	DRMATION A	Stamp						
employment  PRINTED NAME/SIGNATURE OF MERRY CHRISTILT, SUPNET-GUING  MERRY CHRISTILT, SUPNET-GUING  Medical Officer I	that I have persona tim to be physically OF PHYSICIAN	ally examined the above y and medically fit/un	OTHER INFO PROPOSED HEIGHT	DRMATION AI APPOINTEE WEIGHT	Stamp						
mdividual and found her/hemployment  PRINTED NAME/SIGNATURE OF CARRY CHRISTLE, SUPPLE GUING Medical Officer I License No. 1118:  DEFICIAL DESIGNATION	that I have persona tim to be physically OF PHYSICIAN NOR, M.D.	certificate No.	OTHER INFO PROPOSED HEIGHT (Banefact)	DRMATION AI APPOINTEE WEIGHT (Stripped)	BLOOD TYPE						
medical and found her/hemployment  PRINTED NAME/SIGNATURE CONCLON  MERRY CHRISTI I, SUPNET-GUINO  Medical Officer I  License No. 1118:  DEFICIAL DESIGNATION  AGENCY:	that I have persona tim to be physically OF PHYSICIAN	ally examined the above y and medically fit/un	OTHER INFO PROPOSED HEIGHT	WEIGHT	Stamp BOUT THE						