CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

## INSTRUCTIONS

1.	This medi	cal certificat	e should l	be	accomplished	by	a	government	physician.	
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Attached this certificate to original ap					
NAME (Last, First, Middle, or if married woman, Maiden  COINTIC, RETION MORE CON  ADDRESS	AGI	ENCY ADD	DRESS		
BRGT. GUAD OLUPE BETTBOT	7 017		VIU, B	04004	
AGE SEX	CIVIL STATUS		POSED PO		
25 Fimale	SINGLE		SRA		
J. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatri	ic Examination (li	f necessary	)		1
I HEREBY CERITIFY that I have personally individual and found her/him to be physically an employment					
PRINTED NAME/SIGNATURE OF PHYSICIAN  MERRY (HRIST'LT, SUPPLIF GUINOCOR, M.D.,  Medical Officer III  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
OFFICIAL DESIGNATION	1	HEIGHT	WEIGHT	BLOOD TYPE	3
		(Barefoot)	(Stripped)	0	b
MINICH ally III	157 cm 53 kg				
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippine	DATE EXAM	J-17-17			