CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- 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 Urinalysis Chest X-Ray

> Drug Test Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
CAVER	O , JEDAN	ABING	VISAYAZ STATE UNIWEKSITY
AGE ISEX ICIVIL STATUS			PROPOSED POSITION
29	M	SINGLE	1Herructor I

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exal	mination results, personally examined the				
above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment.					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE				

PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

M-D

HISTITA

0156881

HEIGHT (M)

WEIGHT (KG) Stripped 67-5

BLOOD TYPE

OFFICIAL DESIGNATION

CHMI TO WE

LICENSE NO.

VSU

(11

DATE EXAMINED

Bare Foot

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