CS Form No. 211 Revised 2017

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/mental examinations must be attached to this form:

Blood Te	est
Urinalys	is

Chest X-Ray

Drug Test

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

	Ti illiano Evton	sion (if any) and Middle Name)	AGENCY / ADDRESS
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ALMERODA, VERONICO B.		VSN.	
ADDRESS BRGY. PATAG BAYBAY CITY LEYTE			
AGE	ISEX	CIVIL STATUS	PROPOSED POSITION
48	M	MARRIED	ADMIN AIDE III

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically and medical	amipation results, personally examined the □FIT / □UNFIT for employment.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAIN	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
MERRY CHRISTLT, SUPNET-GUINCOR, M.D. Medical Officer NI License No. 111828		
AGENCY/Affiliation of Licensed Government Physician:		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED	