CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTR	RUCTIONS				
 This medical certificate should be accordance. Attached this certificate to original app 					
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS			
KSILOM EDMAPOU BORIXAGA		VSU			
ADDRESS • IHK, USU					
AGE SEX	CIVIL STATUS MACPUCE	PROPOSED POSITION			
4. Drug Test 5. Neuro-Psychiatric	E PHYSICIAN		~\\\ 		
I HEREBY CERITIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment Affix Documentar Stamp				A CONTRACTOR OF THE PARTY OF TH	
PRINTED NAME/SIGNATURE OF PHYSICIAN ELWIN JAY V. YU. M.D.	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION Medical Officer IV	HEIGHT (Barefoot) 160 COM	WEIGHT (Stripped) BS-3kg	BLOOD TYPE	130/	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 5 15 14			m