CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

 This medical certificate should be accomplished by a go Attached this certificate to original appointments and re 	
NAME (Last, First, Middle, or if married woman, Maiden Name)	AGENCY ADDRESS
Pomida Argina Masas	
ADDRESS	VS4
H-1 Dupley, Usu Baybay City AGE SEX CIVIL	
AGE SEX CIVIL STATUS	PROPOSED POSITION
50 temale Married	Acst. Prof. IV
Pre-Employment Medical-Physica	I Tests
 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric Examination (If 	J
FOR THE PHYSICIAN	
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfiemployment	e-named Affix Documentary it for Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN JOSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION	HEIGHT WEIGHT BLOOD TYPE BP (Barefoot) (Stripped) (60 Ch 8-1 kg "0"
AGENCY: VSU HOSPITAL	DATE EXAMINED
Visayas State University Visca, Baybay, Leyte, Philippines	1/24/17