CS Form	No.	211	
Revised 20	18		

ADDRESS

MEDICAL CERTIFICATE (For Employment)

INSTRUCTIONS

a.	This medical	certificate	should be	accom	plished	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

CINCO, MARK ANTHONY TABUNIAN

□ Neuro-Psychiatric Examination (if applicable)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

GE	SEX	CIVIL STATUS	PROPOSED POSITION	
27	M	SINGLE	SRA	
	FOR TH	E LICENSED GOVERNME	ENT PHYSICIAN	

FOR THE PROPOSED APPOINTEE

above named individual and found him/her to be physically and medically $ u$	FIT / LIUNFIT	for employment		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Christolle Vanis F. Caland, M.D. License No. 156661 AGENCY/Affiliation of Licensed Government Physician:				
VISHUMS STATE UNIVERSITY HOSPITAL				
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	

Bare Foot

Stripped

2025

AGENCY / ADDRESS

WARC

110180 mm49

156881

1-62 m

TYPE

DATE EXAMINED

Bt

OFFICIAL DESIGNATION

m . O. III

JANUARY