CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

NAME (Last, First, Mic	AGENCY ADDRESS					
ADDRESS	no, maria Agres Snadalye, Baylo	ay crfg	υç	Ч		
AGE SS	SEX	CIVIL STATUS Married		Admin tide-iv		
	-	atric Examination (If	necessary)		
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfi employment						
individual and found	TIFY that I have personal	ly examined the above	e-named fit for	1	ocumentary itamp	
individual and found employment	TIFY that I have personal d her/him to be physically TURE OF PHYSICIAN ZAFICO, M.D.	ly examined the above and medically fit/unf	other info	1	SOUT THE	
PRINTED NAME/SIGNA JOSEPHINE O. Medical Office	TIFY that I have personal dher/him to be physically TURE OF PHYSICIAN ZAFICO, M.D. cer III 075699	ly examined the above and medically fit/unf	other info	S ORMATION AB	BLOOD TYPE	