CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

## INSTRUCTIONS

<ol> <li>This medical certif</li> <li>Attached this certif</li> </ol>					
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS  VSU VISCA  PAYMAY CITY  PHILIPPINES		
CINCO, ALN					
#474 NARENSO					
	M M	CIVIL STATUS M	. /	MN AI	SITION  DE M
Pre-Employment Medical-Physical Tests					
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)  W10- W17					
FOR THE PHYSICIAN					
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfit employment					
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LIC. & A75F			HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE
AGENCY:  VSU HOSPITAL  Visayas State University  Visca, Baybay, Leyte, Philippines			DATE EXAMINED  2   18   16		