CSC Form No. 211 (Revised August 1998) MEDICAL CERTIFICATE For Employment

	INST	RUCTIONS				
	certificate should be acco certificate to original ap					
NAME (Last, First, Middle, or if married woman, Maiden Name)				AGENCY ADDRESS		
LEORNA, MARISEL ANDRINO			NCRC-V, VSU			
ADDRESS Apt. 24,	₩U, Visca, Bayba	y City, Leute		10.0		
AGE 40	SEX Female	STATUS	PRO	PROPOSED POSITION		
Io	Pre-Employment	Mouried Medical Physics	I Teete			-
	4. Drug Test 5. Neuro-Psychiatri FOR TH	E PHYSICIAN	f necessary)		
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfit employment				[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]		
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION			HEIGHT (Bareloot)	WEIGHT (Stripped) Jq yr	BLOOD TYPE	1000-110
AGENCY: VSU HOSPITAL			DATE EXAMINED			
Visayas State University Visca, Baybay, Leyte, Philippines			1-27-11			