CS Form No.	211
Revised 2018	

MEDICAL CERTIFICATE (For Employment)

THE REAL PROPERTY.	AMERICA GALVE	CONT. STATE		NAME OF TAXABLE PARTY.	MACHINE AL	OUN-REAL PLANS	THE REAL PROPERTY.	
	IN	S	TR	U	СТ	10	NS	

- a. This medical certificate should be accomplished 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 ☐ Neuro-Psychiatric Examination (if applicable)

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

FOR THE PROPOSED APPOINTEE

WI R. MAGSAYSAY ST. BAYBAY CITY, LEYTE	
01 11113903/00/10	
AGE SEX CIVIL STATUS	PROPOSED POSITION
58 F MARRIED	Assoc Prof 4

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

MERKI (MRI) I. I. JUFINE PUBLICAN Medical Officer DV License No. 111828

AGENCY/Affiliation of Licensed Government Physician:

LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1.52 M	166.7195	
OFFICIAL DESIGNATION	DATE EXAMINED		

1-25-24

AGENCY / ADDRESS