CS Form No.	211
Revised 2018	

MEDICAL CERTIFICATE (For Employment)

	INSTRUCTIONS	
a.	This medical certificate should be accomplished by a licensed government physician.	

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 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)

FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

IS PAE ADDRESS	ISRAEL, ANTONIETA CORAZON DIAZ YISAYAS STATE UNIVERSIN				
A. Klabi'ni St., Bourbay City, Lepte			PROPOSED POSITION		
50	F	Widowed	AAVI		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	nmination results, personally examined the		
above named individual and found him/her to be physically and medically ZFIT / UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
\wedge	PROPOSED APPOINTEE		

Christolic venus

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M) Bare Foot

WEIGHT (KG) Stripped 57

AGENCY / ADDRESS

TYPE

BLOOD

LICENSE NO. 0156881

622. DATE EXAMINED

June 2005

OFFICIAL DESIGNATION

lostigate wall

Medical officer II