CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS		
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.	
FOR THE PROPOSED APPO	INTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AC	GENCY / ADDRESS
Fernanolez, Phea Angelie Modina	1	
ADDRESS TO THE TOTAL POLICY OF THE PROPERTY OF		
Brow Pondacione Brillian City In to		
AGE SEX SCIVIL STATUS	PR	OPOSED POSITION
25 Female Single	,	nide-III Cagal
FOR THE LICENSED GOVERNMEN	T PHYSI	CIAN
I hereby certify that I have reviewed and evaluated the attached exal above named individual and found him/her to be physically and medically	mination result FIT / □UNFIT	ts, personally examined the for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T. SUPPLY GUINOCOR, M.D.		FORMATION ABOUT THE POSED APPOINTEE
Medical Officer III License No. 111828		
AGENCY/Affiliation of Licensed Government Physician:		
LICENSE NO.	HEIGHT (M)	WEIGHT (KG) BLOOD
	Bare Foot	Stripped
OFFICIAL DESIGNATION	DATE EXAMINE	D
	8 1	W-8-W