CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS	1	-		
<ol> <li>This medical certificate should be accomplished by a g</li> <li>Attached this certificate to original appointments and</li> </ol>		•		
NAME ( Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS		
Subere Maria Verile Q.		VSU		
ADDRESS		30		
Subere Maria Verjie Q.  ADDRESS  Bray. Guadalupe, Baybay, Leyte				
AGE SEX CIVIL STATUS	PROPOSED POSITION			
40 7	SPA			
Pre-Employment Medical-Physic	al Tests			
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (I	f necessary	)		
FOR THE PHYSICIAN				
I HEREBY CERITIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment		Affix Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN  MERRY (HRISTLE SUPNET-GUINOCOR, M.D.  Medical Officer III  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION	HEIGHT	WEIGHT	BLOOD TYPE	ima
	(Barefoot)	(Stripped)	B	PAV-
AGENCY:		DATE EXAMINED		
VSU HOSPITAL	27,112 270-1111			
Visayas State University Visca, Baybay, Leyte, Philippines		2-2-17		