CS Form No	
Revised 2018	

211

MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	I	0	N	S

- 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)

FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Extension	n (if any) and Middle Name)	AGENCY / ADDRESS
ADAO.	HANNAH PUSSA	th for 10	
ADDRESS WN-BA		WN-BAYBAY	
D164. (CACLOAD, BAYO	DAY CITY	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
39	F	MANUED	ASSOCIATE PROFESSON III

FOR THE LICENSED GOVERNMENT PHYSICIAN

Thereby certify that I have reviewed and evaluated the attached exa	mination results, personally examined the				
above named individual and found him/her to be physically and medically □FIT / □UNFIT for employment.					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE				
ELIMIN WY V. YU, NO, MPH.	PROPOSED APPOINTEE				

Chief of Hospital I License No. 008680

HEIGHT (M)

AGENCY/Affiliation of Licensed Government Physician:

MHALD	91410	MINORALITY	Matt (19.0
LICENSE NO)		

698860

	Bare Foot
	1.502 m

DATE EXAMINE	D	
5	7	12

WEIGHT (KG)

Stripped

60.8 Kgs

OFFICIAL DESIGNATION

CHIEF OF HAPPETAR 1

BLOOD

TYPE

Ot