S Form	No.	211
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MEDICAL CERTIFICATE (For Employment)

|--|

- 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, First Name, Name Extension (if any) and Middle Name)

MERCUKID, MORTIN JAN ENOLYA

ADDRESS

DEPARTMENT OF CEODETIC

BRG. HNAO MOPACAN, LETE

AGE SEX CIVIL STATUS PROPOSED POSITION ASSISTANT PROFESSOR III MALE 35 71-0 MARKED

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination 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

CHRISTELLE VENTIS F. CAPTURO, M.D.

PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

0/56 887

V8N HOSPITAL

LICENSE NO.

HEIGHT (M) Bare Foot 1.69m

WEIGHT (KG)

Stripped

AGENCY / ADDRESS

ENGINEERING.

U84

BLOOD TYPE B+

DATE EXAMINED

OFFICIAL DESIGNATION MEDICAD OFFICEK ITT