CSC Form No. 211 (Revised August 1998)
MEDICAL CERTIFICATE
For Employment

## INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name)  Milla, Norberto, Espejo  ADDRESS		VISOURGS State University		
Apt 29. Kilbourne Ct. Visca Be	aybay City, Lente			_0
AGE SEX	STATUS	ASSO- Prof. I		SITION
Pre-Employm	nent Medical-Physica	al Tests		
Drug Test  Drug Test  Neuro-Psych	iatric Examination (/	f necessary	)	
FOR	THE PHYSICIAN			
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unf employment		7.5	named Affix Documentary for Stamp	
ndividual and found her/him to be physicall	lly examined the abov y and medically fit/un	fit for	100000000000000000000000000000000000000	Stamp
ndividual and found her/him to be physicall employment	lly examined the abov y and medically fit/un CERTIFICATE NO.	fit for	100000000000000000000000000000000000000	
employment  PRINTED NAME/SIGNATURE OF PHYSICIAN	y and medically fit/un	fit for	ORMATION AE	