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

INSTRUCTIONS

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<ol> <li>This medical certificate should be accomplished by a government physician.</li> <li>Attached this certificate to original appointments and reinstatements.</li> </ol>				
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS		
TAVEROS, HENES	VEN V	VIII ViseA Boughay Coff Leyte, 6521-A		
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AGE SEX CIVIL	PROP	PROPOSED POSITION		
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Pre-Employment Medical-Physical Tests				
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If 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 Documentar Stamp				
PRINTED NAME SIGNATURE OF PHYSICIAN  JOSEPHINE O. ZAFICO, M.D.  Medical Officer III  License No. 075699		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION	HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE	
AGENCY:	DATE EXAMI	DATE EXAMINED		
VSU HOSPITAL				
Visayas State University Visca Baybay Leyte Philippines				
Visca, Baybay, Leyte, Philippines	1101	17	Ì	