CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

NAME (Last, First, Middle	AGENCY ADDRESS				
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AGE 29	Baybay sex male	CIVIL		POSED POS	
0		ent Medical-Physica			
	4. Drug Test	atric Examination (If			4
	FOR	THE PHYSICIAN			
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PRINTED NAME/SIGNATU OFFICIAL DESIGNATION HEAD.	her/him to be physically URE OF PHYSICIAN	and medically fit/unf	OTHER INFO	ORMATION AI	Stamp BOUT THE