CS Form No.	211
Revised 2018	

Re

MEDICAL CERTIFICATE (For Employment)

1	N	S	T	R	U	C	T	1	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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

ELANING.

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

ENIN

Iga E.	Jacinto St.	Baybay City, Leytu	city, Leyte
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
32	FEMALE	SINGLE	AO IV
Description and Committee of Co	FOR THE	LICENSED GOVERNME	ENT PHYSICIAN

AGENCY / ADDRESS

VSU, Visca, Baybay

I hereby certify that I have reviewed and evaluate above named individual and found him/her to be physical		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNM	· ·	OTHER INFORMATION ABOUT THE
		PROPOSED APPOINTEE

GN) MM

AGENCY/Affiliation of Licensed Government Physician: VIV LICENSE NO. WEIGHT (KG) HEIGHT (M) Bare Foot

BLOOD Stripped TYPE 12 4 21 OFFICIAL DESIGNATION DATE EXAMINED 8. 12-24