CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

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1.	This	medical	certificate	should	be	accomplished	by	a	government	ph	ysician
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NAME (Last, First, Middle, or if married woman, Maiden Name) GOTREDO, TEOFILO ADDRESS HIBUNAMN, PAYPAY OTD LEYA AGE SEX Pre-Employment Medical-Physical 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If r. FOR THE PHYSICIAN I HEREBY CERITIFY that I have personally examined the above-individual and found her/him to be physically and medically fit/unfit	PROF All Tests	POSED PO	OSITION
ADDRESS HISUNAM PAPAY OTO DEUT AGE SEX Pre-Employment Medical-Physical Blood Test 2 Urinalysis 3 Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If research) FOR THE PHYSICIAN I HEREBY CERITIFY that I have personally examined the above-individual and found her/him to be physically and medically fit/unfit	Tests	DM. A	
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Pre-Employment Medical-Physical Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric Examination (If r	Tests	DM. A	
Pre-Employment Medical-Physical Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric Examination (If range) FOR THE PHYSICIAN I HEREBY CERITIFY that I have personally examined the above-individual and found her/him to be physically and medically fit/unfit	Tests	DM. A	
Pre-Employment Medical-Physical 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If r	Tests		WF M
Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric Examination (If rest) FOR THE PHYSICIAN I HEREBY CERITIFY that I have personally examined the above-individual and found her/him to be physically and medically fit/unfit)	
2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If r FOR THE PHYSICIAN I HEREBY CERITIFY that I have personally examined the above- individual and found her/him to be physically and medically fit/unfit	necessary))	
I HEREBY CERITIFY that I have personally examined the above- individual and found her/him to be physically and medically fit/unfit			
individual and found her/him to be physically and medically fit/unfit			
employment			Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN MERRY CHISTLE, SUPER CHISTLE,	OTHER INFO PROPOSED	DRMATION A APPOINTEE	BOUT THE
OFFICIAL DESIGNATION	HEIGHT	WEIGHT	BLOOD TYPE
	(Baseloot)	(Stripped)	0
AGENCY:	DATE EXAMI	INED	
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		1-du-n	