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 physician.

NAME (Last, First, Mid Faelnan, La	dle, or if married woman, Ma ay May Capu	AGENCY ADDRESS VSU HOSpital					
ADDRESS							
	Guadalupe, Bay	bor, Leyte					
AGE	SEX	CIVIL	PROPOSED POSITION				
27	ŧ	STATUS	Hursing	Attend	ant I		
	Pre-Employn	nent Medical-Physica	I Tests				
	1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psych	niatric Examination (If	f necessary)				
	FOR	THE PHYSICIAN	1				
I HEREBY CERIT	IFY that I have personate her/him to be physicall	•			ocumentary Stamp		
				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
employment PRINTED NAME/SIGNAT	TURE OF PHYSICIAN	CERTIFICATE NO.			3007 III.		
PRINTED NAME/SIGNAT		CERTIFICATE NO.		WEIGHT (Sniffed)	BLOOD TYPE		
employment PRINTED NAME/SIGNAT		CERTIFICATE NO.	PROPOSED HEIGHT (Barefoot)	WEIGHT (Stripped) 48.4 KGS	BLOOD TYPE		