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

INSTRUCTIONS	
<ol> <li>This medical certificate should be accomplished by</li> <li>Attached this certificate to original appointments a</li> </ol>	
NAME. ( Last, First, Middle, or if married woman, Maiden Name)	AGENCY ADDRESS
PANONCE, JUNITO A.	
ADDRESS	VISAMAS STATE WILLDESITY
103 WARNER APT, USU, VISCA, BAYBAYC	113
AGE SEX CIVIL STATUS	PROPOSED POSITION
Pre-Employment Medical-Phy	vsical 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 individual and found her/him to be physically and medically fi employment	
PRINTED NAME/SIGNATURE OF PHYSICIAN  CERTIFICATE N  DESCRIPTION  CERTIFICATE N  DESCRIPTION  DES	PROPOSED APPOINTEE
OFFICIAL DESIGNATIÓN  Medical Officer IV	HEIGHT WEIGHT BLOOD TYPE BP (Stripped) 157-LM (66.3 kgs. B) 110/80mm
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines	DATE EXAMINED  8 (18/17)