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

INSTRUCTIONS

NAME (Last, First, Mid	dle, or if married woman, Mai	iden Name)	AGE	ENCY ADD	RESS
	7, GUIRALD	Ostr. C.	184-	-DLAR	3<
ADDRESS	LCU CAMPUS, 1	Baybaycity			9
AGE	Control of the contro	CIVIL		POSED PO	
43	Male	princh	A554,	Prof. 2	_
	Pre-Employm	ent Medical-Physica	I Tests		
	 Urinalysis Chest X-ray Drug Test Neuro-Psychi 	atric Examination (If	f necessary,)	
	FOR	THE PHYSICIAN			
	************************************			ned Affix Documentary Stamp	
ndividual and found employment	her/him to be physically	and medically fit/unf			
individual and found employment	her/him to be physically		it for		Stamp
ndividual and found employment YNALLY PRINTED NAME/SIGNAT	her/him to be physically	and medically fit/unf	OTHER INFO PROPOSED HEIGHT	DRMATION AI APPOINTEE	Stamp BOUT THE BLOOD TYPE
ndividual and found employment YNALLY PRINTED NAME/SIGNAT	her/him to be physically	and medically fit/unf	OTHER INFO PROPOSED HEIGHT (Banfoot)	DRMATION AI APPOINTEE WEIGHT (Stripped)	Stamp BOUT THE
employment PRINTED NAME/SIGNAT	her/him to be physically MANN WAR URE OF PHYSICIAN MUSQUE	and medically fit/unf	OTHER INFO PROPOSED HEIGHT	WEIGHT (Swipped)	BLOOD TYPE
employment PRINTED NAME/SIGNAT OFFICIAL DESIGNATION AGENCY:	her/him to be physically	and medically fit/unf	OTHER INFO PROPOSED HEIGHT (Basefoot)	WEIGHT (Swipped)	BLOOD TYPE