CS Form No. 211 Revised 2018

## 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

GIL.

☐ Chest X-Ray ☐ Drug Test Psychological Test

ARDIENTE

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

DUPLEX 1	2, VISAYAS STATE	UNIVERSITY, BAY BAY				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION ASSt. Prof. IV			
32	MALE	MARRIED				
	FOR THE	LICENSED GOVERNMEN	T PHYSICIAN			
above name	ed individual and found h	im/her to be physically and medically 🗂 🖺	mination results, personally examined the FIT / □UNFIT for employment.			
SIGNATURE	OVER PRINTED NAME OF	ICENSED COVERNMENT PHYSICIAN:	OTHER INFORMATION AROUT THE			

OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE ELWIN JAY V. YU, MD, MPH. Chief of Hospital I License No. 098890

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M)

Bare Foot

Cog DATE EXAMINED Stripped

WEIGHT (KG)

AGENCY / ADDRESS

BAYBAY, LEYTE

STATE UNIVERSITY

VISAYAS

BLOOD

u TYPE

OFFICIAL DESIGNATION

LICENSE NO.

MARK

VEGA.

ADDRESS