Form	No.	211
vised 20	18	

## MEDICAL CERTIFICATE (For Employment)

1	Ν	S	T	R	U	C	T	ı	O	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 Chest X-Ray
- Drug Test ☐ Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, I	First Name, Name E	AGENCY / ADDRESS		
tak	. Trishi	ia Jade C.		
ADDRESS	the form to the contract of th			
Hilongos	s, leyte	Cattleya Dormitory USY		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
24	于	Single	Instructor 1	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the				
above named individual and found him/her to be physically and medically 🗗 FIT / 🗆 UNFIT for employment.				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHY	YSICIAN: OTHER INFORMATION ABOUT THE			

PROPOSED APPOINTEE

Medical Of

AGENCY/Affiliation of Licensed Government Physician:

AGENCY/Anniation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
688111	1- Coan Ceokg
OFFICIAL DESIGNATION DATE EXAMINED	

Aug- 08, 2024