CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

| | | INSTRUCTIONS | | | |
|--|--|--------------------|--|-----------------------------------|---------------|
| | b. Attach this certifica c. The results of the formust be attached to the Blood Tes Urinalysis Chest X-R Drug Test Psycholog | t | reemployment. | | |
| | FOI | R THE PROPOSED APP | OINTEE | | |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) | | | AGENCY / ADDRESS | | |
| CASTIL, JHONONEL ROMBLON ADDRESS KUBDURNG ST., LOWER COMPUS, VSU | | | VSV | | |
| AGE | ISEX | ICIVIL STATUS | DDC | POSED POSITI | ON |
| 30 | F | SINGLE | - Marian and Angles and the section of the professional and the section of the se | kanve off | |
| | rtify that I have revi | LICENSED GOVERNME | xamination result | ts, personally e | |
| above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| AGENCY/Affiliation | of Licensed Governm | nent Physician: | | | |
| LICENSE NO. Lic, No. 0156881 | | | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped 75/ays | BLOOD TYPE |
| OFFICIAL DESIGN | IATION | | DATE EXAMINE | D | |
| MEDICAL COST CER III | | | 0-18-2021 | | |