CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.

NAME (Last, First, Middle, or if married woman, Maiden Name) SACA ROWAL DUNANCHN				AGENCY ADDRESS UNIVERSITY LIPRARY		
ADDRESS Blosy Culk	DALLOFE BABA	COTTY, CETTE	Circo 14	MIT I	70114	
AGE 40	SEX	CIVIL STATUS (Married		POSED PO		
	1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychian FOR T	tric Examination (If	0 1	,		
	EREBY CERITIFY that I have personally examined the above-named Affix Documentary idual and found her/him to be physically and medically fit/unfit for Stamp					
employment	URE OF PHYSICIAN	CERTIFICATE NO.			BOUT THE	
employment PRINTED NAME/SIGNAT	URE OF PHYSICIAN VI. VU. M.D.	CERTIFICATE NO.			BOUT THE	
ELWIN JA	ALVU. M.D.	CERTIFICATE NO.			BLOOD TYPE	

100/7000