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)			AGENCY ADDRESS		
QUEVEDO M	ARCELO AMARILA	ŧ			
ADDRESS COTTAGE L VSU VISCA, BAYBAY CITY			PHILROTCROPS		
AGE 59	SEX M	CIVIL STATUS	PROP	OSED PO	SITION
	 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiate) - JUp +			
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unf			e-named Affix Documentary it for Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
	AL OFFICER W		HEIGHT (Bareloot)	WEIGHT (Stripped)	BLOOD TYPE
	C. # 075FC		1670	724	A

A DOS