CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

NAME (Last, First, Middle, or if	married woman, Maiden	Name)	AGE	NCY ADD	RESS
orias, anceuta	BANAYAG		INSTITUTI	E OF TR	OPICAL
ADDRESS MARIPOSA LADITS	HALL, VISCA, BAY B	AY CITY LEYTE	tcology MANAGEN		NUIRONMENTA TEEM)
AGE S	FEMALE	CIVIL STATUS SINGLE		POSED PO	SITION TECHNICIAN
	Pre-Employment	Medical-Physica	I Tests		
3 4	. Urinalysis . Chest X-ray . Drug Test	7 My 6	up gw	L	
I HEREBY CERITIFY the	at I have personally	IE PHYSICIAN examined the abov	e-named	Affix D	Pocumentary Stamp
I HEREBY CERITIFY the individual and found her/himemployment	FOR THe at I have personally and to be physically and	examined the aboved medically fit/unit	e-named fit for	Affix D	Stamp
I HEREBY CERITIFY the individual and found her/him employment PRINTED NAME/SIGNATURE OF JOSEPAINE O. ZAFICO,	FOR THe at I have personally and to be physically and PHYSICIAN	IE PHYSICIAN examined the abov	e-named fit for	Affix D	Stamp
I HEREBY CERITIFY the individual and found her/hind employment PRINTED NAME/SIGNATURE OF JOSEPHINE Q. ZAFICO,	FOR THe at I have personally and to be physically and PHYSICIAN	examined the aboved medically fit/unit	e-named fit for	Affix D ORMATION AE APPOINTEE	Stamp