CS Form No. 2	211
Revised 2018	

MEDICAL CERTIFICATE (For Employment)

INS	STRL	JCTI	ONS	

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

 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

post in the second seco				- market and a second and a second			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS					
BANZON, JOAN ROSE,							
ADDRESS	VSN						
VSU, Visca, Baybay	City, Leyte						
AGE SEX	CIVIL STATUS	PROF	POSED POSITI	ON			
40 F	M						
FOR THE	LICENSED GOVERNMEN	T PHYSIC	IAN A	- IM 13			
I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically \(\sigma FIT \) \(\sigma UNFIT\) for employment.							
SIGNATURE over PRINTED NAME OF LICI	ENSED GOVERNMENT PHYSICIAN:		ORMATION AB OSED APPOIN				
AGENCY/Affiliation of Licensed Governm MEDICAL OF LICENSE NO	ent Physician:	No. of					
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE			
OFFICIAL DESIGNATION		DATE EXAMINED					
	Mo m		4-25-6	13			