CIVIL SERVICE COMMISSION

CSC Form No. 211 (Revised August 1998)
MEDICAL CERTIFICATE For Employment

INSTRUCTIONS

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

 2. Attached this certificate to original appointments and reinstatements.

2. Attached this certificate to original appointments and reinstatements.					
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS			
FEDERICO P. GODON SR		Philhoot cops Baybay, Leyte			
ADDRESS		Bart	1. 1.	110	
AGE SEX CIVIL US PER			Baybay, Lyt		
AGE SEX	STATUS				
55 M	M	SRA			
Pre-Employment Medical-Physical Tests					
1. Blood Test 2. Urinalysis 3. Chest X-ray					
3. Chest X-ray					
4. Drug Test					
5. Neuro-Psychiatric Examination (If necessary) M/					
7/11-100/8					
FOR THE PHYSICIAN					
I HEREBY CERITIFY that I have personally examined the above- individual and found her/him to be physically and medically fit/unfit					
employment \					
PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE NO.	OTHER INFO	RMATION AF	BOUT THE	
		PROPOSED APPOINTEE			
USEPHINE U. ZAFICULM I.					
MEDICAL OFFICER !!!					
OFFICIAL DESIGNATION		HEIGHT	WEIGHT	BLOOD TYPE	
		(Barefoot)	(Stripped)	ma	
10000		DATE EXAMINED			
AGENCY: VSU HOSPITAL		DATE EXAMINED			
Visayas State University			2 11.		
Visca, Baybay, Leyte, Philippines			110		