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

INSTRUCTIONS						
<ol> <li>This medical certificate should be accomplished by a government physician.</li> <li>Attached this certificate to original appointments and reinstatements.</li> </ol>						
NAME (Last, First, Middle, or if married woman, Maiden Name)				AGENCY ADDRESS		
ANDRADE, LOUISA MARIE BONGCAVES			VIU, VISCA, BAYDAY			
ADDRESS			CUTY, LEYTE			
1240 BRGY. GUADALUPE, BAYBAY CITY, LETTE						
AGE	SEX	PROPOSED POSITION			1	
25	FEMALE	MARRIED	Instructor			
Pre-Employment Medical-Physical Tests						
Drug Test  5. Neuro-Psychiatric Examination (If necessary)						
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				ed Affix Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN  MERRY (HNITT   CONTROL OF PHYSICIAN CERTIFICATE NO. Medical Officer (III License No. 111828)			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION			HEIGHT	WEIGHT	BLOOD TYPE	BP
			(Barefoot)	71 py	<b>A</b> t	120/
AGENCY:			DATE EXAMINED			1
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			7-5- Vs			