CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

 This medical ce Attached this ce 	rtificate should be accordinal app	mplished by a go pointments and re	vernment p	hysician. s.	
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
ACEDO, VIL	PHILIPOTOROFS				
ADDRESS					
PCAMMO ASE 4	VSU				
AGE	SEX CIVIL		PROPOSED POSITION		
4	F	STATUS	Prof 111		
Pre-Employment Medical-Physical Tests					
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. 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/unfemployment			e-named Affix Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION CAL OFFICER III			HEIGHT (Banefoot)	WEIGHT (Shiffed) 48.8 kgs	BLOOD TYPE A
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			I/a/15		