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

· For Employment

INSTRUCTIONS						
 This medical certificate should be accordance. Attached this certificate to original appropriate to the control of the control of the certificate and the certificate are control of the certificate. 						
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS				
ALAO, VIRGELIO MONTER ADDRESS BALLIGO ALGUERA LEYTE	VSU, Visca, Boylony City, Leyte			ty,		
BALLIGO, ALBUERA, LEYTE AGE SEX	PROPOSED POSITION					
30 M	STATUS	INSTRUCTOR 11				
Pre-Employment Medical-Physical Tests						
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)						
FOR TH	E PHYSICIAN					
I HEREBY CERITIFY that I have personally e individual and found her/him to be physically and employment	e-named it for	Affix Documentary Stamp				
PRINTED NAME/SIGNATURE OF PHYSICIAN MIRRY CHRITLI, SUPPLIFICATION, M.D., Medical Officer IIII License No. 111828	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
OFFICIAL DESIGNATION	HEIGHT (Parter)	WEIGHT	BLOOD TY	PE		
		(Barefoot) 103 as con	(Stripped)	Bt	BM.76/	
AGENCY:	DATE EXAMINED					
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			1-25-m			