CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

Samuel Sa	N	5	T	R	u	C	T	10	01	V	S

 This medical certificate should be accomplished by a government physician. Attached this certificate to original appointments and reinstatements. 										
NAME (Last, First, Middle, or if married woman, Maiden Name) AGENCY ADDRESS										
	lotis Monsa	Visca, Baybay								
ADDRESS		- 1	/ - 1							
Apa. 26										
AGE	SEX	CIVIL	PROPOSED POSITION							
42	STATUS M	Assoc- Prof-								
Pre-Employment Medical-Physical Tests										
1/ Blood Test 2/ Urinalysis										
3. Chest X-ray										
4 Drug Test										
Neuro-Psychiatric Examination (If necessary)										
FOR THE PHYSICIAN										
•										
	that I have personally a									
individual and found her/him to be physically and medically fit/unfit for employment										
PRINTED NAME/SIGNATURE	OE PHYSICIANI	CERTIFICATE NO.	OTHER INCO	OPMATION ABOUT THE						
THIN TED WANTEY SIGNATURE		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE								
MERRY (HRISTLT, SUPNET GL Medical Office License No. 11:	MNOCOR, M.D. er III 1828									
OFFICIAL DESIGNATION		HEIGHT	WEIGHT	BLOOD TYPE						
		(Basefoot)	(Stripped)	0+						
AGENCY:		DATE EXAMINED								
AGENCT.	VSU HOSPITAL	DATE EXAMINE	INED							
	ayas State University Baybay, Leyte, Philippine	/- No-1/A								
visca, Dayoay, Leyte, I impplies										