CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

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

NAME (Last, First, Middle, or if married woman, Maiden Name) AMESTOSO NILDA TUTOR ADDRESS APT. 69 KILBOURNE ST., VSU, VISCO, BAYBAY CITY, LEYTE			DEPT. OF	ENCY ADI	
			visca, paybay city, leyte		
	1 Blood Test 2 Urinalysis 3 Chest X-ray 4 Drug Test 5 Neuro-Psychi	atric Examination (If necessary	<i>(</i>)	
	FOR	THE PHYSICIAN			
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/un employment			re-named Affix Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN MERRY CHRISTI, SUPPLIFICATION Medical Officer III License No. 111828			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION			HEIGHT (Barefoot) 147 cm	WEIGHT (Stripped) 40 kg	BLOOD TYPE
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED 1		