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

	INSTR	UCTIONS		
2. Attached this ce	tificate should be accom rtificate to original appo	intments and i	reinstatements.	
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS	
BANTOC, DIONESIO MAGIANIS			Visca, Baylsay Coly, leyte	
ADDRESS				
CANDADAM, BAY	BAY CITY, LEXTE			
AGE	SEX	CIVIL	PROPOSED POSITION	1
55	MALE	STATUS	ASSOCIATE PHOFESPOR IV	
	Pre-Employment N	ledical-Physic	al Tests	
	<ol> <li>Blood Test</li> <li>Urinalysis</li> <li>Chest X-ray</li> <li>Drug Test</li> <li>Neuro-Psychiatric</li> </ol>	Examination <i>(I</i>	f necessary)	
	FOR THE	PHYSICIAN		

I HEREBY CERITIFY that I have personally examined the above-named Affix Documentary individual and found her/him to be physically and medically fit/unfit for Stamp employment PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO. OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE OFFICIAL DESIGNATION WEIGHT HEIGHT BLOOD TYPE (Baseloot) (Stripped) 0 157cm 62.1 luga AGENCY: DATE EXAMINED VSU HOSPITAL Visayas State University 1-24-19 Visca, Baybay, Leyte, Philippines