CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

| | 114 | 2111 | actions | | | | |
|--|--|-------|------------------------|--|-----------------------------------|------------|-------|
| | rtificate should be a ertificate to original | | | | | | |
| NAME (Last, First, Middle, or if married woman, Maiden Name) | | | | AGENCY ADDRESS | | | - |
| CAPULLA ROSE PASCUAL | | | | VISCA, BAYBAY CITY | | | |
| ADDRESS | | | | | | | |
| GUADALUPE, BAYBAY CMY | | | | LEYTE | | | |
| AGE | | | | | PROPOSED POSITION | | |
| 47 | F | | STATUS | ASST. PROP. 1] | | | |
| | Pre-Employme | ent N | Medical-Physica | I Tests | | | |
| | 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychia | atric | Examination <i>(If</i> | [:] necessary | ·) | | |
| | FOR | ГНЕ | PHYSICIAN | | | | |
| I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfi employment | | | | e-named it for | named Affix Documentary for Stamp | | |
| PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO. Medical Content of the cont | | | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | |
| OFFICIAL DESIGNATION | | | | HEIGHT | WEIGHT | BLOOD TYPE | 2. |
| | | | | (Baseloot) | (Stripped) | \cap | pb- |
| ACENIOV. | | | | 156 cm | 57.3kg | 0 | 10970 |
| VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines | | | | DATE EXAMINED | | | |
| | | | | | | | 1 |