1-31-17

CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INST	RUCTIONS				
 This medical certificate should be accepted. Attached this certificate to original approximation. 					
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
BELLEN JOY ABELARDO					
ADDRESS					
CARIDAD, BAYBAY CITY,	LEYTE				
AGE SEX M	CIVIL	PROPOSED POSITION			
Pre-Employmen	t Medical-Physica	Tests			-
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatr	ic Examination (If	necessary)		
FOR TH	HE PHYSICIAN				
I HEREBY CERITIFY that I have personally examined the above-individual and found her/him to be physically and medically fit/unfit employment			Affix Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN MERRY (HRIST'L T, SUPNET GUINOCOR, M.D. Medical Officer III License No. 111823			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT	WEIGHT	BLOOD TYPE	-
		(Basefoot)	(Stripped)		de -
		1Go Ch	66.1Kg	A	1
AGENCY:		DATE EXAMINED			-
VSU HOSPITAL					

Visayas State University

Visca, Baybay, Leyte, Philippines