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)  CACANDE, JEFFREY LLOID LORETO  ADDRESS  304 ML QUEZON ST. BAYBAY CITY, LETTE			AGENCY ADDRESS  VISAYAS STATE UNIVERSITY  VISCA, BAYBAY CITY  VEYTE								
						AGE	SEX	CIVIL	PROPOSED POSITION		
						35	MALE	STATUS			
							Pre-Employme	ent Medical-Physica	I Tests		
	Blood Test	. n . 1	1								
	<ol> <li>Urinalysis</li> <li>Chest X-ray</li> </ol>	) reporto	man:	In h							
		/ 100 /	, , ,	V							
	4. Drug Test	tric Evernination //									
	m los len	tric Examination (If	necessary,								
	4/1/102/01/										
	FOR 7	THE PHYSICIAN									
I HEREBY CERITIFY that I have personally examined the above											
individual and found hemployment	ner/him to be physically	and medically fit/unf	it for		Stamp						
employmen											
omproj mont				OTHER INFORMATION ABOUT THE							
PRINTED NAME/SIGNATU	RE OF PHYSICIAN	CERTIFICATE NO.	OTHER INFO	DRMATION A	BOUT THE						
	RE OF PHYSICIAN	CERTIFICATE NO.		ORMATION AI APPOINTEE	BOUT THE						
PRINTED NAME/SIGNATU		CERTIFICATE NO.			BOUT THE						
PRINTED NAME/SIGNATU	ZAFICE NO	CERTIFICATE NO.			BLOOD TYPE						
PRINTED NAME/SIGNATU	ZAFICE NO	CERTIFICATE NO.	PROPOSED  HEIGHT (Banefoot)	WEIGHT (Stripped)	BLOOD TYPE						
PRINTED NAME/SIGNATU	ZAFICTI. M.D.	CERTIFICATE NO.	PROPOSED  HEIGHT (Banefoot)	APPOINTEE	BLOOD TYPE						
PRINTED NAME/SIGNATU	ZAFICE NO	CERTIFICATE NO.	PROPOSED  HEIGHT (Banefoot)	WEIGHT (Stripped)	BLOOD TYPE						
OFFICIAL DESIGNATION OFFICIAL	ZAFICE NO	CERTIFICATE NO.	PROPOSED  HEIGHT (Basefoot)	WEIGHT (Sniffed) 13-55-	BLOOD TYPE						