CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

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

2. Attached this certificate to orig	inal appointments	and reinstatements.
NAME (Last, First, Middle, or if married woman, Maiden Name) CAGASAM, VYCSS A LAS		AGENCY ADDRESS
		Depart of Agronomy
Apt. 21 Kills VSu AGE SEX	Visca	
AGE SEX	CIVIL	PROPOSED POSITION
48 m	STATUS	ASSUC MOST IV
Pre-Empl	oyment Medical-Ph	hysical Tests
1. Blood Tes 2. Urinalysis 3. Chest X-r 4. Drug Tes 5. Neuro-Ps	ay	tion (If necessary)
F	OR THE PHYSIC	IAN
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/un employment		
PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE	E NO. OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION		HEIGHT WEIGHT BLOOD TYPE Bp. (Barefoot) (Stripped) 169cm 85.9kg At 110
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED