CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

 This medical certificate should be acc Attached this certificate to original ap 		,				
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS			1	
Conde, Ladie anne, Palermo			Visayes State University			
ADDRESS			Visca, Baybay City, Leyte			
Candadam, Baybay City, Leyte			0 -			
AGE SEX			PROPOSED POSITION			
29 #	STATUS	Instructor III				
Pre-Employmen	t Medical-Physica	Tests				
1 Blood Test 2 Urinalysis 3 Chest X-ray 4 Drug Test 5 Neuro-Psychiatr		i necessary)				
FOR TH	HE PHYSICIAN					
I HEREBY CERITIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment Affix Documentary Stamp						
PRINTED NAME/SIGNATURE OF PHYSICIAN MERRY CHRISTIFF OF PHYSICIAN LICENSE NO. 2001.110.	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			AND THE REAL PROPERTY OF THE P	
OFFICIAL DESIGNATION		HEIGHT	WEIGHT	BLOOD TYPE	BP.	
		(Barefoot) 153 5 cm	(Stripped) 48.7 lug	* O † "	10/8	
AGENCY:		DATE EXAMINED			T	
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		1-27-13				