CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

 This medical certificate should be according. Attached this certificate to original appropriate to the control of the control of the certificate and the certificate are control of the certificate. 					
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS			7
Belonias Beatriz Satentez ADDRESS		Visca, Baybay, Gif			
Visca, Baybay Gity				, ,	
AGE JY SEX Ferral	STATUS	PROPOSED POSITION_			
Pre-Employment	Medical-Physica	Tests			7
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatri	c Examination (If	necessary	·)		
FOR TH	IE 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 CERTIFICATE NO.		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION	1	HEIGHT	WEIGHT	BLOOD TYPE	B
		(Baseloot)	(4.8 kg	0	O,
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED			