CSC Form No. 211 (Revised August 1998)

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

 This medical certificate should be accomplished by a government physician. Attached this certificate to original appointments and reinstatements. 	
NAME (Last, First, Middle, or if married woman, Maiden Name)	AGENCY ADDRESS
DARGANTES Buenaventura Bohulst	
ADDRESS	
18KOS, VSU	
AGE SEX CIVIL STATUS Married	PROPOSED POSITION
Pre-Employment Medical-Physical	I Tests
 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatric Examination (If Inc.) 	necessary)
FOR THE PHYSICIAN	
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfi employment	
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO. OSEPHINE O. ZASICO, M.D. Medical Officer III License No. 075699	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION	HEIGHT WEIGHT BLOOD TYPE
	(Bareloot) (Stripped) 173 CM 94.5 kg A
AGENCY:	DATE EXAMINED
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines	213/17