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		
BATISTEL, CHERN COSTILLAS			DEPARTMENT OF BIOLOGICAL SCIENCES, VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE		
ADDRESS BRGY, BACTUL I, MAASIN CITY, SO, LEYTE					
AGE 3S	SEX	CIVIL	PROPOSED POSITION ASSISTANT PROPESSOR II		
	FEMALE	SINGLE	733 13 1 AN	PROP	ESSOR 1
	Pre-Employm	ent Medical-Physic	al Tests		
i e	1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychia	atric Examination (	lf 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/un employment					
PRINTED NAME/SIGNA MERRY CHRIST'L T. SU Medical S	TE DA ANNO TED NAME/SIGNATURE OF PHYSICIAN  CERTIFICATE NO. OTHER INFORMATION A PROPOSED APPOINTEE  MERRY (HRIST'L T. SUPNET-GUNOCOR, M.D., Medical Officer III License No. 111828		BOUT THE		
OFFICIAL DESIGNATION			HEIGHT (Barefoot)	WEIGHT (Stripped) S2.5 Kgs	BLOOD TYPE
AGENCY:	VSU HOSPITAL Visayas State University sca, Baybay, Leyte, Philipp	ines	DATE EXAM		