

CSC FORM NO. 211 (Revised August 1998)
MEDICAL CERTIFICATE
 For Employment

PHILIPPINE CIVIL SERVICE

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointments and reinstatements.

FOR PROPOSED APPOINTEE

Name (Last, First, Middle, or if married woman, Maiden Name)		AGENCY/ADDRESS	
ADDRESS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION

Pre-Employment Medical-Physical Tests

1. Blood Test
2. Urinalysis
3. Chest X-ray
4. Drug Test
5. Neuro-Psychiatric Examination (if necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM

FOR THE PHYSICIAN

<i>I hereby certify that I have personally examined the abovementioned individual and found her/him, to be physically and medically fit/unfit for employment.</i>			
PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION			
		HEIGHT (Barefoot)	WEIGHT (Stripped)
		BLOOD (Type)	
AGENCY		DATE EXAMINED	