

PHILIPPINE CIVIL SERVICE

CSC Form No. 211 (Revised August 1998)
MEDICAL CERTIFICATE
For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished by the government physician.
 2. Attach this certificate to original appointments and reinstatements.
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FOR THE PROPOSED APPOINTEE

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

Pre-Employment Medical-Physical Test

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

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

FOR THE PHYSICIAN

I hereby certify that I personally examined the above-named individual and found her/him to be physically and mentally fit for employment.		Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT	WEIGHT (stripped)	BLOOD TYPE
AGENCY		DATE EXAMINED		