

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

PHILIPPINE CIVIL SERVICE

INSTRUCTION

1. This Medical Certificate should be accomplished by a government physician.
2. Attached this certificate to original appointment and reinstatement.

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 (if necessary)

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

FOR THE PHYSICIAN

I hereby certify that I have personally examined the abovenamed individual and found her / him to be physically and medically fit / unfit for employment		AFFIX Documentary Stamp here		
PRINTED NAME / SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION:		HEIGHT (Feet)	WEIGHT (Lbs.)	BLOOD Type
AGENCY:		DATE EXAMINED		