

**INSTRUCTIONS**

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

NAME (Last, First, Middle, or if married woman, Maiden Name) PAGENTE, MA. DELIA Xmithan			AGENCY ADDRESS CUM		
ADDRESS Guadalupe Baybay City, Leyte					
AGE 51 yrs old	SEX F	CIVIL STATUS n	PROPOSED POSITION Administrative officer		
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> <li>1. Blood Test</li> <li>2. Urinalysis</li> <li>3. Chest X-ray</li> <li>4. Drug Test</li> <li>5. Neuro-Psychiatric Examination (If necessary)</li> </ol> <p style="text-align: right;">) Refr for Indur fiber</p>					
<b>FOR THE PHYSICIAN</b>					
I HEREBY CERTIFY that I have personally examined the above-named individual and found her/him to be <u>physically and medically fit/unfit</u> for employment					Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN JOSEPH V. ZAFICOLM D		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION MEDICAL OFFICER III LIC. # 075694		HEIGHT (Barfoot) 150 -	WEIGHT (Striped) 56 -	BLOOD TYPE 4. B <sup>+</sup>	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED 8 / 13 / 15		