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		
Vidal, Pris						
ADDRESS			USU			
VSU , VISCA.						
AGE	SEX	CIVIL	PROPOSED POSITION			
59	Mali	STATUS	Adn	un Aid	e V7	
Pre-Employment Medical-Physical Tests						
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) By - 120/30 mmy						
FOR THE PHYSICIAN						
I HEREBY CERITIFY that I have personally examined the above- individual and found her him to be physically and medically fil/unfit employment						
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
ELWIN JAY V. VU. M.D.			h w			
OFFICIAL DESIGNATION VS	U HOSPITAL		HEIGHT	WEIGHT	BLOOD TYPE	
HIC #098300 CONT			(Barefoot)	(Stripped)	D	
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED WAY			