

<b>INSTRUCTIONS</b>			
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) LAX JUANCHO MANAGBANAG		AGENCY ADDRESS VSU BAYBAY CITY	
ADDRESS R. MAGSAYSAY ST. ZONE 20, BAYBAY CITY			
AGE 50	SEX MALE	CIVIL STATUS M	PROPOSED POSITION ADMIN. AIDE VI
Pre-Employment Medical-Physical Tests			
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) BP: 130/90 7 Ref to LHS file			
<b>FOR THE PHYSICIAN</b>			
I HEREBY CERTIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment			Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN JOSEPHINE D. ZAFICO, M.D.		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION MEDICAL OFFICER III LIC. # 075699		HEIGHT (Barefoot) 169 cm	WEIGHT (Stripped) 74.5 kgs BLOOD TYPE O
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 2/24/12	