

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) <i>Villas, Norma Ortega</i>			AGENCY ADDRESS <i>Visayas State University Baybay City, Leyte</i>		
ADDRESS <i>Apt. 49-A, VSU, Visca, Baybay City, Leyte</i>					
AGE <i>60</i>	SEX <i>Female</i>	CIVIL STATUS <i>Married</i>	PROPOSED POSITION <i>Adm. Aide VI</i>		
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Blood Test 2. <input checked="" type="checkbox"/> Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) 					
FOR THE PHYSICIAN					
I HEREBY CERTIFY that I have personally examined the above-named individual and found <u>her/him</u> to be <u>physically and medically fit/unfit</u> for employment					Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN <i>Norma Villas</i>		CERTIFICATE NO. <i>11161</i>	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION <i>MD III</i>			HEIGHT (Barefoot) <i>141 cm</i>	WEIGHT (Stripped) <i>58.5 kg</i>	BLOOD TYPE <i>O</i>
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED <i>1-15-11</i>		

AP:
120/70 mm