

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) VASQUEZ , ERLINDA ADANES			AGENCY ADDRESS VSU	
ADDRESS 39 KILBOURNE DR. , VSU , VISCA				
AGE 51	SEX F	CIVIL STATUS S	PROPOSED POSITION Prty. 5	
Pre-Employment Medical-Physical Tests 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) 7 New to Ingoing file				
FOR THE PHYSICIAN				
I HEREBY CERITIFY 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 JOSEPHINE O. ZAFICO, M.D.		CERTIFICATE NO. 075699	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION Medical Officer III		HEIGHT (Barefoot) 148cm	WEIGHT (Stripped) 47.5kg	BLOOD TYPE B+ BD-BD 9/10
VSU HOSPITAL Visayas State University Visca, Baybay City, Leyte, Philippines			DATE EXAMINED: 11/11/11	