

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) LAMBERT, BABYLYN, DONAYRE		AGENCY ADDRESS VSU, BAYBAY CITY	
ADDRESS DUPLEX F-1, VSU, BAYBAY CITY			
AGE 37	SEX FEMALE	CIVIL STATUS MARRIED	PROPOSED POSITION INSTRUCTOR 2
Pre-Employment Medical-Physical Tests 1. <input checked="" type="checkbox"/> Blood Test 2. <input checked="" type="checkbox"/> Urinalysis 3. <input checked="" type="checkbox"/> Chest X-ray 4. <input checked="" type="checkbox"/> 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 her/him to be <u>physically and medically</u> fit/unfit for employment <i>My signature</i>			Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN <i>My signature</i>		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION		HEIGHT (Barefoot) 148 cm	WEIGHT (Stripped) 46.4 kg BLOOD TYPE O
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED Jan 17	

Bp.
110/80
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