INSTRUCTIONS

 This medical certificate should be according. Attached this certificate to original app 			
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS	
Blera, Benerdifa Panny			
ADDRESS [298 tone 1, frag Guadaluge,	'		
AGE SEX	STATUS	PROPOSED POSITION	
Pre-Employment Medical-Physical Tests			
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)			
FOR THE PHYSICIAN			
I HEREBY CERITIFY 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 CERTIFICATE NO.		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE ### Minimum	
CAFICIAL DESIGNATIONAL OFFICER III LIC. # 075699		HEIGHT (Barefoot)	WEIGHT BLOOD TYPE (Stripped) 47-36
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED AUZ. 18, 2014	