INSTRUCTIONS

 This medical certificate should be accomplished by a government physician. Attached this certificate to original appointments and reinstatements. 			
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS	
AURED, MARICEL VALORIA		VISCA POT	aubay city,
ADDRESS		LEYTE	
A. MABINI ST. BHUBAY, LETTE			
AGE SEX	CIVIL	PROPOS	ED POSITION
38 FEMALE	STATUS	HOMINISTRATIVE ALDE IV	
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			
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 MEDICAL OFFICE 11	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION		(Barefoot) (St	EIGHT BLOOD TYPE
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED	