

<b>INSTRUCTIONS</b>  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)  TULIN, ANABELA BAUTISTA			AGENCY ADDRESS  Visayas State University Baybay City, Leyte	
ADDRESS  Apt 51, VSU, Baybay, Leyte				
AGE  54	SEX  F	CIVIL STATUS  M	PROPOSED POSITION  University Professor	
Pre-Employment Medical-Physical Tests  1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)  ) Ref to Indiv file				
<b>FOR THE PHYSICIAN</b>				
I HEREBY CERTIFY that I have personally examined the above-named individual and found <u>her/him</u> to be physically and medically fit/unfit for employment			Affix Documentary Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN  JOSEPHINE O. ZAFICOLM D		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION  MEDICAL OFFICER II LIC. # 0755		HEIGHT (Barefoot)  148	WEIGHT (Stripped)  47	BLOOD TYPE  O
AGENCY:  VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED  3/9/15	