

**INSTRUCTIONS**

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointments and reinstatements.

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|--|-----------------|--|--|
| NAME (Last, First, Middle, or if married woman, Maiden Name)<br><i>BORNEO ANTHONY LAO</i>  |                 | AGENCY ADDRESS<br><i>PPO</i>                       |  |
| ADDRESS<br><i>BRGY. COGON BAYBAY CITY, LEYTE</i>   |                 |  |  |
| AGE<br><i>39</i>   | SEX<br><i>M</i> | CIVIL STATUS<br><i>MARRIED</i>                     | PROPOSED POSITION<br><i>DRIVER</i>             |
| Pre-Employment Medical-Physical Tests<br><br><ol style="list-style-type: none"><li>1. Blood Test</li><li>2. Urinalysis</li><li>3. Chest X-ray</li><li>4. Drug Test</li><li>5. Neuro-Psychiatric Examination (If necessary)</li></ol> <i>2 Refs to Inb file</i> |                 |  |  |
| <b>FOR THE PHYSICIAN</b>   |                 |  |  |
| 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   |                 |  | Affix Documentary Stamp                        |
| PRINTED NAME/SIGNATURE OF PHYSICIAN<br><i>ELWIN JAY W. YU. M.D.</i>  |                 | CERTIFICATE NO.                                    | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |
| OFFICIAL DESIGNATION<br><i>MEDICAL OFFICER IV<br/>HEAD. VSU HOSPITAL<br/>LIC #098800</i>   |                 | HEIGHT (Barefoot)<br><i>168.5cm</i>                | WEIGHT (Stripped)<br><i>73 kg</i>              |
| AGENCY:<br><br>VSU HOSPITAL<br>Visayas State University<br>Visca, Baybay, Leyte, Philippines   |                 | BLOOD TYPE<br><br>DATE EXAMINED<br><i>11/28/14</i> |  |

*Blp: 110/17*