INSTRUCTIONS

NAME (Last, First, Middle, or if married woman, Maiden Name)				AGENCY ADDRESS		
BORNIAS EVITIONIO BULAHAH			DBS			
ADDRESS GUADALUPE BABAY LEYTE				VSU		
AGE 40	SEX	CIVIL STATUS M t Medical-Physica	ADMI. AIDE I			
	 Blood Test Urinalysis Chest X-ray Drug Test Neuro-Psychiatri 	My to				
	FOR TH	IE PHYSICIAN				
I HEREBY CERITIFY that I have personally examined the above individual and found her/him to be physically and medically fit/unfit employment						
JOSEPHINA	CERTIFICATE NO.		INFORMATION ABOUT THE OSED APPOINTEE			
LIC. # 075699			HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE	Blp: 127/
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAM	IINED		