

For Employment

INSTRUCTIONS				
This medical certificate should be accepted. Attached this certificate to original accepted. Additional accepted by the should be accepted by	ppointments and	governmer reinstatem	nt physician ents.	
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS		
Preciados, Lemuel Samejon ADDRESS Bray. Guadalupa Paybay AGE SEX CIVIL		VSU		
29 Male	CIVIL STATUS Married	PROPOSED POSITION		
Pre-Employment Medical-Physical Tests				
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 Affix Documentary				
employment			it for Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN CERTIFICATE NO.		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT	WEIGHT	PLOOD TYPE
		(Barefoot)	(Stripped)	BLOOD TYPE
		158 cm	65kp.	В
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 8.14.19		