

**INSTRUCTIONS**

- 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)  |      |                   | AGENCY ADDRESS                                 |            |                         |
| SIMON, Feliciano, Guno   |      |                   | NARC, WCU                                      |            |                         |
| ADDRESS  |      |                   |  |            |                         |
| Apt. 32, Elbourne St., Visca, Baybay City  |      |                   |  |            |                         |
| AGE  | SEX  | CIVIL STATUS      | PROPOSED POSITION                              |            |                         |
| 51   | Male | M                 | Prof- VI                                       |            |                         |
| Pre-Employment Medical-Physical Tests  |      |                   |  |            |                         |
| 1. Blood Test  |      |                   |  |            |                         |
| 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 individual and found her/him to be physically and medically fit/unfit for employment |      |                   |  |            | Affix Documentary Stamp |
| PRINTED NAME/SIGNATURE OF PHYSICIAN  |      | CERTIFICATE NO.   | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |            |                         |
| JOSEPHINE O. ZAFICOLM D  |      |                   |  |            |                         |
| OFFICIAL DESIGNATION   |      | HEIGHT (Barefoot) | WEIGHT (Stripped)                              | BLOOD TYPE |                         |
| MEDICAL OFFICER III<br>LIC. # 07569  |      | 170cm             | 70kg   | u u<br>b   |                         |
| AGENCY:  |      |                   | DATE EXAMINED                                  |            |                         |
| VSU HOSPITAL<br>Visayas State University<br>Visca, Baybay, Leyte, Philippines  |      |                   | 1/22 / 15                                      |            |                         |