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|---|--------|-------------------|--|------------|
| 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                                 |            |
| SALABAO, ANALITA A.   |        |                   | VISAYAS STATE                                  |            |
| ADDRESS   |        |                   | UNIVERSITY,                                    |            |
| APT. 68, KILBOVIRNE ST., VSU  |        |                   | BAYBAY CITY, LEYTE                             |            |
| AGE   | SEX    | CIVIL STATUS      | PROPOSED POSITION                              |            |
| 56  | FEMALE | Married           | ASSOC. PROF. II                                |            |
| 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 <u>her</u> /him to be <u>physically and medically fit/unfit</u> for employment |        |                   | Affix Documentary Stamp                        |            |
| PRINTED NAME/SIGNATURE OF PHYSICIAN   |        | CERTIFICATE NO.   | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |            |
| JOSEPHINE O. ZAFICO, M.D.<br>Medical Officer III<br>License No. 075699  |        |                   |  |            |
| OFFICIAL DESIGNATION  |        | HEIGHT (Barefoot) | WEIGHT (Stripped)                              | BLOOD TYPE |
| NATION  |        | 149 cm            | 71.5 kg  | A          |
| AGENCY:   |        | DATE EXAMINED     |  |            |
| VSU HOSPITAL<br>Visayas State University<br>Visca, Baybay, Leyte, Philippines   |        | 3/28/17           |  |            |