

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) BORLEO, MICHELLE ACOMPAÑADO			AGENCY ADDRESS VISAYAS STATE UNIVERSITY VISCA, BAYBAY CITY, LEYTE	
ADDRESS MALINAO, MAHAPAL, LEYTE				
AGE 30	SEX F	CIVIL STATUS M	PROPOSED POSITION ADM. AIDE IV	
Pre-Employment Medical-Physical Tests				
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)				
7 mm to 12 mm Hg				
FOR THE PHYSICIAN				
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 JOSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION		HEIGHT (Barefoot) 162cm	WEIGHT (Stripped) 56.5 kg	BLOOD TYPE AB+
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 12/2/14		

Bp.
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