

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	
POSAS, JERRY SANTACULO			OVPRE, VSU	
ADDRESS				
Porgy. MARCOS KAYSAN CITY, LEYTE				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
43	M	M	ADM - AIDE III	
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 CERTIFY 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	
JOSEPH M. ZAFICO, M.D.				
OFFICIAL DESIGNATION		HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE
MEDICAL OFFICER III LIC. # 075699		175 cm	89 kgs	"A"
AGENCY:		DATE EXAMINED		
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		8/2/13		

ftvd step II, Contm 16kg T h us (872)
Ambrin 103 T h us at 10