

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) <i>Barayag Alberto Mayra</i>		AGENCY ADDRESS <i>VSU</i>	
ADDRESS <i>BRGY. palhi</i>			
AGE <i>50</i>	SEX <i>Male</i>	CIVIL STATUS	PROPOSED POSITION
Pre-Employment Medical-Physical Tests			
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) <i>1. N/A to 7. N/A</i>			
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 <i>JOSEPHINE O. ZAFICO, M.D.</i> Medical Officer III License No. 075699		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION		HEIGHT (Barefoot)	WEIGHT (Stripped)
		BLOOD TYPE <i>A</i>	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED <i>9/8/17</i>	