

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointment, reinstatements.
3. For annual check-up.

NAME: (Last, First, Middle or if married woman, Maiden Name) <i>BOLATETE, DIACORO Jr. M</i>		AGENCY <i>Visayas State University</i>
ADDRESS <i>VSU - Nabal compound, Nabal Leyte</i>		PROPOSE POSITION
AGE <i>36</i>	SEX <i>M</i>	CIVIL STATUS <i>MARRIED</i>

Pre-Employment-Physical Test

1. Blood Test
2. Urinalysis
3. Chest X-ray
4. Drug Test
5. Nuero Psychiatric Examination (if necessary)

Note: ALL RESULT OF EXAMINATION MUST BE ATTACHED TO THIS FORM

FOR THE PHYSICIAN

I hereby certify that I personally examined the above named individual and found him/her to be physically fit/unfit physically and medically <u>fit</u> /unfit for employment.		AFFIX DOCUMENTARY STAMP	
SIGNATURE OF PHYSICIAN <i>[Signature]</i> REFELINA Y. [Signature], M.D. MUNICIPAL HEALTH OFFICER	CERTIFICATE NUMBER <i>611112</i>	OTHER INFORMATION ABOUT THE APPOINTEE	
OFFICIAL DESIGNATION Municipal Health Officer		HEIGHT (Bare Feet) <i>162.5 cm.</i>	WEIGHT (Stripped) <i>60 kg.</i>
AGENCY RHU		DATE EXAMINED <i>12-28-11</i>	