

INSTRUCTIONS			
1. This medical certificate should be accomplished by a government physician.			
2. Attached this certificate to original appointments and reinstatements. <i>ESP</i>			
NAME (Last, First, Middle, or if married woman, Maiden Name) <i>Dr. Leopoldo</i>		AGENCY ADDRESS	
ADDRESS <i>1301 Marcos ; Baybay city</i>			
AGE <i>59</i>	SEX <i>M</i>	CIVIL STATUS <i>M</i>	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>Mr. M/P</i>			
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 fit/unfit</u> for employment			Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN <i>Josephine U. Zafico, M.D.</i>	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION <i>MEDICAL OFFICER III</i> <i>LIC. # 075699</i>		HEIGHT (Barefoot) <i>163</i>	WEIGHT (Stripped) <i>66 kg</i>
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		BLOOD TYPE <i>"B"</i>	
		DATE EXAMINED <i>1/13/16</i>	