

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>Gorre, Elvira Bulawan</i>		AGENCY ADDRESS <i>Visayas State Univ., Visca, Baybay City, Leyte</i>	
ADDRESS <i>Mc Fernandez St., Baybay City, Leyte</i>			
AGE <i>48 y/o</i>	SEX <i>female</i>	CIVIL STATUS <i>m</i>	PROPOSED POSITION <i>Admin Asst II</i>
Pre-Employment Medical-Physical Tests			
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) <i>7 Refer to Imping fiber</i>			
FOR THE PHYSICIAN			
I HEREBY CERTIFY that I have personally examined the above-named individual and found <u>her/him</u> to be <u>physically and medically fit/unfit</u> for employment			Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN <i>Josephine D. Zafico, M.D.</i> JOSEPHINE D. ZAFICO, M.D.		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION MEDICAL OFFICER III LIC. # 07569		HEIGHT (Barefoot) <i>162 cm</i>	WEIGHT (Stripped) <i>59.3 kgs</i> BLOOD TYPE <i>"O"</i>
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED <i>2/20/13</i>	

BP-120/80