**ADDRESS** 

44

LICENSE NO.

OFFICIAL DESIGNATION

HOSPITAL

075699

Medical afficer I

AGE

## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS a. This medical certificate should be accomplished by a licensed government physician. b. Attach this certificate to original appointment, transfer and reemployment. c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form: Blood Test rinalysis Chest X-Ray Drug Test Psychological Test □ Neuro-Psychiatric Examination (if applicable) FOR THE PROPOSED APPOINTEE AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) VICAYAS STATE IDUELLA CHAN UNIVERSITY COMPDUND BAYBAY aty LEYTE JP LAUREL CIVIL STATUS SEX PROPOSED POSITION Married OFFICER CHIEF ADM. FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically AFIT / UNFIT for employment. SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PHINE O. ZAFICO, M.D. PROPOSED APPOINTEE Medical Officer III License No 075699 AGENCY/Affiliation of Licensed Government Physician: VSU

BLOOD

TYPE

At

HEIGHT (M)

Bare Foot

DATE EXAMINED

155 cm

24

WEIGHT (KG)

Stripped

18