

**MEDICAL CERTIFICATE**

For Employment

**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>Flamdez Helen B</i>			AGENCY ADDRESS <i>VSU</i>		
ADDRESS <i>M R Magaraya St. Baybay City</i>					
AGE <i>34</i>	SEX <i>Female</i>	CIVIL STATUS <i>Widower</i>	PROPOSED POSITION <i>AA II</i>		
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> <li>1. Blood Test</li> <li>2. Urinalysis</li> <li>3. Chest X-ray</li> <li>4. Drug Test</li> <li>5. Neuro-Psychiatric Examination (If necessary)</li> </ol> <i>&gt; Refer to Referral file</i> <i>W-142/30</i>					
<b>FOR THE PHYSICIAN</b>					
I HEREBY CERTIFY that I have personally examined the above-named individual and found <u>her/him</u> to be <u>physically and medically</u> fit/unfit for employment					Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN <i>Josephine O. Zafico</i> JOSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT (Barefoot) <i>154-</i>	WEIGHT (Stripped) <i>123.58</i>	BLOOD TYPE <i>B</i>	
AGENCY:  VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED  <i>10 / 13 / 16</i>			