

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)  ESPINDA, GRACIANA MANAGBANAG			AGENCY ADDRESS  VSU, VISCA, Baybay City, Leyte	
ADDRESS  1167 Brgy. Patac, Baybay City, Leyte				
AGE . .  56	SEX  Female	CIVIL STATUS  M	PROPOSED POSITION  Adm. Aide VI	
Pre-Employment Medical-Physical Tests  1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)  ) MU to Refuse file				
FOR THE PHYSICIAN				
I HEREBY CERTIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment			Affix Documentary Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN  JOSEPHINE O. ZAPICO, M.D. Medical Officer III License No. 075699		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION		HEIGHT (Barefoot)  155 cm	WEIGHT (Stripped)  57kg	BLOOD TYPE  B
AGENCY:  VSU HOSPITAL Visayas State University Visca, Baybay City, Leyte, Philippines		DATE EXAMINED  12/23/14		

90,  
110/80mm