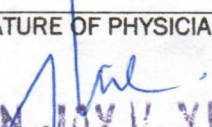


INSTRUCTIONS

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) LATAS ORLANDO N.		AGENCY ADDRESS VSU	
ADDRESS PATAG BABAY CITY LEYTE			
AGE 53	SEX M	CIVIL STATUS Married	PROPOSED POSITION FARM WORKER I
<p align="center">Pre-Employment Medical-Physical Tests</p> <ol style="list-style-type: none"> 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) <p align="center"><i>dup to up re</i></p>			
<p align="center">FOR THE PHYSICIAN</p>			
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  ELWIN JAY V. YU. M.D. MEDICAL OFFICER IV / HEAD, VSU HOSPITAL LIC #098800		CERTIFICATE NO. <i>mo 10</i>	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION HEAD, VSU HOSPITAL LIC #098800		HEIGHT (Barefoot) 155 cm	WEIGHT (Stripped) 49.4 kg
		BLOOD TYPE O	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 3/5/13	

B/p:
130/40