

<b>INSTRUCTIONS</b>			
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) VILLARROYA, AL FRANJON MENDIOLA			AGENCY ADDRESS VSU, DUTBS
ADDRESS BRGY. HIPUSNGO, BAYBAY, LEYTE			
AGE 22	SEX M	CIVIL STATUS S	PROPOSED POSITION INSTRUCTOR I
Pre-Employment Medical-Physical Tests			
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)			
) Ref to Refs file			
<b>FOR THE PHYSICIAN</b>			
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. ZAFICO, M.D. Medical Officer III License No. 075699		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION		HEIGHT (Barefoot) 169	WEIGHT (Stripped) 87 BLOOD TYPE A+
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 5 / 30 / 17	