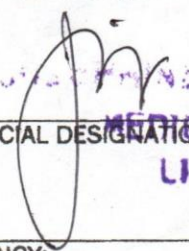


<div>INSTRUCTIONS</div> <div> 1. This medical certificate should be accomplished by a government physician.  2. Attached this certificate to original appointments and reinstatements. </div>				
NAME ( Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS	
CASTAÑAS CARMELO			950	
ADDRESS				
BRGY. BUNGA BAYBAY CITY				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
49	M	M		
<div>Pre-Employment Medical-Physical Tests</div> <div> 1. Blood Test  2. Urinalysis  3. Chest X-ray  4. Drug Test  5. Neuro-Psychiatric Examination (If necessary) </div> <div> ) New to Inform file </div>				
<div>FOR THE PHYSICIAN</div>				
I HEREBY CERITIFY 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		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
<div>   J. ZAPICO </div>				
OFFICIAL DESIGNATION			HEIGHT (Barefoot)	WEIGHT (Stripped)
MEDICAL OFFICE LIC. 5 075604			164 cm	54.5 kg
AGENCY:		DATE EXAMINED		
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		1/13/14		

BD-  
120/80  
mm/Hg