

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>CANTILLO, BONIFACIO E.</i>			AGENCY ADDRESS <i>DRE COLLEGE OF EDUC</i>		
ADDRESS <i>Zone 1 GUADALUPE BAYBAY, LEYTE</i>					
AGE <i>49</i>	SEX <i>M</i>	CIVIL STATUS <i>M</i>	PROPOSED POSITION <i>Admin. Aid-1</i>		
Pre-Employment Medical-Physical Tests 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) <i>BP 100/60</i>					
FOR THE PHYSICIAN					
I HEREBY CERTIFY that I have personally examined the above-named individual and found her/him to be <u>physically and medically fit/unfit</u> for employment					Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN <i>JOSEPHINE O. ZAFICO, M.D.</i>		CERTIFICATE NO. <i>075699</i>	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION <i>Medical Officer III</i>		HEIGHT (Barefoot) <i>164 cm</i>	WEIGHT (Stripped) <i>50 kg.</i>	BLOOD TYPE <i>O</i>	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED <i>11/21/11</i>		