

**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) GOLTIANO HENRY YONTING			AGENCY ADDRESS VSU VISCA BAYBAY CITY LEYTE		
ADDRESS 100 WARNER APARTMENTS					
AGE 58	SEX M	CIVIL STATUS M	PROPOSED POSITION ASSOC. Prof. V		
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> <li>1. Blood Test</li> <li>2. Urinalysis</li> <li>3. Chest X-ray</li> <li>4. Drug Test</li> <li>5. Neuro-Psychiatric Examination (If necessary)</li> </ol> <p><i>1 Mm to HbV file</i></p>					
<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 D. ZAFICOLM D. MEDICAL OFFICER III		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION LIC. # 075690		HEIGHT (Barfoot) 154 cm	WEIGHT (Stripped) 67 kg	BLOOD TYPE "B+" <i>B/p</i>	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED 8/27/16		