

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) ISABEL ZANDRO GALGO			AGENCY ADDRESS GSD,		
ADDRESS BLVD. PATA BAYBAY CITY LEYTE					
AGE 40	SEX MALE	CIVIL STATUS MARRIED	PROPOSED POSITION ADMIN AIDE III		
<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="right">) Refer to Infir file</p>					
FOR THE PHYSICIAN					
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. ZAFICO, M.D.		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION MEDICAL OFFICER III LIC. # 075690			HEIGHT (Barefoot) 160.5cm	WEIGHT (Stripped) 58kg	BLOOD TYPE Bp 110/80mm
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED 02/3/14		