IN	STRUCT	IONS			
This medical certificate should be     Attached this certificate to origin					ician.
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
ADDRESS Guadalype Raybay Liver  AGE SEX CIVIL STATUS			V 50		
Guadelype Baybay	rag	tr			
AGE SEX	CIVIL STATUS		PROPOSED POSITION		TION
58 M	M		ADMIN - AIDE I		
Pre-Employment Medical-Physical Te	sts		e e		
<ol> <li>Blood Test</li> <li>Urinalysis</li> <li>Chest X-ray</li> <li>Drug Test</li> <li>Neuro-Psychiatric Examination</li> </ol>		Infini ecessary)	file		
FOR	THE PHY	YSICIAN			
I HEREBY CERITIFY that I have personally examined the abindividual and found her/him to be physically and medically fit/employment					entary
PRINTED NAME/SIGNATURE OF PHYSICIAN	CE	RTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
JOSEPHINE O. ZAFICO, M.D.	).	075699			
OFFICIAL DESIGNATION  Medical Officer III			HEIGHT (Barelood)	WEIGHT (Stripped)	BLOOD TYPE
VSU HOSPITAL Visayas State University Visca, Baybay City, Leyte, Philippines			DATE EXAMINED:  11   29   11		