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 | e) AGENCY ADDRESS |
| PALERMU VICTORIA GASES | 3 PDDL, VSU |
| ADDRESS | |
| CANDADAM MADINADI CITO (AGE SEX C | ESTE |
| AGE SEX C | IVIL PROPOSED POSITION |
| 56 F | Science Rusearch Specialist |
| Pre-Employment Medical-Physical Tests | |
| 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) | |
| FOR THE PHYSICIAN | |
| 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 CEI | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |
| OFFICIAL DESIGNATION OFFICER | HEIGHT WEIGHT BLOOD TYPE |
| HEAD. VSU HOSPI! | (Danepool (Simplea) |
| LIC #033897 COA | |
| AGENCY: | DATE EXAMINED |
| VSU HOSPITAL Visayas State University | |
| Visca, Baybay, Leyte, Philippines | |