

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) ANTIPAGO, CONNELL DIESTRO			AGENCY ADDRESS BAYBAY CITY, LEYTE		
ADDRESS VSU, BAYBAY CITY, LEYTE					
AGE 52	SEX FEMALE	CIVIL STATUS MARRIED	PROPOSED POSITION AO II		
<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="center">7 Refer to Inquiry file</p>					
<p align="center">FOR THE PHYSICIAN</p>					
I HEREBY CERTIFY that I have personally examined the above-named individual and found <u>her/him</u> to be <u>physically and medically</u> fit/unfit for employment					Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN JOSEPHINE D ZAFICO, MD		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION MEDICAL OFFICER LIC. # 075690			HEIGHT (Barefoot) 146 cm	WEIGHT (Stripped) 47.5 kg	BLOOD TYPE "A"
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED July 10, 2014		

Plg:
90/60