

**MEDICAL CERTIFICATE**

For Employment

**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) <b>ORANO, PAMELA ROSAS</b>			AGENCY ADDRESS <b>VSU</b>		
ADDRESS <b>MARCOS, BAYBAY CITY, LEYTE</b>					
AGE <b>41</b>	SEX <b>F</b>	CIVIL STATUS <b>M</b>	PROPOSED POSITION <b>ADMIN AIDE IV</b>		
<b>Pre-Employment Medical-Physical Tests</b> <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>					
<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  <b>JOSEPHINE O. ZAFICO, M.D.</b> Medical Officer III License No. 075699		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION			HEIGHT (Barefoot) <b>152 cm</b>	WEIGHT (Stripped) <b>65.5 kg</b>	BLOOD TYPE <b>B+</b>
AGENCY:  <b>VSU HOSPITAL</b> <b>Visayas State University</b> <b>Visca, Baybay City, Leyte, Philippines</b>			DATE EXAMINED		

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