

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) <i>Mangaoang Yolanda Dela Cruz</i>		AGENCY ADDRESS <i>DPM, VSU</i>	
ADDRESS <i>102 Warner Apt VSU, Visca, Baybay, Leyte</i>		<i>Assoc Prof III</i>	
AGE <i>55</i>	SEX <i>Female</i>	CIVIL STATUS <i>Married</i>	PROPOSED POSITION

Pre-Employment Medical-Physical Tests

1. Blood Test
 2. Urinalysis
 3. Chest X-ray
 4. Drug Test
 5. Neuro-Psychiatric Examination (If necessary)
- Up to up to*

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 <i>ELWIN JAY V. YU. M.D.</i>	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION <i>HEAD, VSU HOSPITAL LIC #098800</i>	HEIGHT (Barefoot) <i>151 cm</i>	WEIGHT (Stripped) <i>48 kg</i>	BLOOD TYPE <i>"O"</i>	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED <i>12/11/14</i>		