INSTRUCTIONS

This medical certificate should be accompanied. Attached this certificate to original appropriate to the control of the certificate to original appropriate to the certificate to t					
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS			1
MABALHIN, JOEL QUIBAN					
ADDRESS					
MOLOPOLO, LILOAN, GO. LEYTE					
AGE SEX	CIVIL	PROPOSED POSITION			1
48 Male	STATUS	Instructor 1			
Pre-Employment Medical-Physical Tests					
 Blood Test Urinalysis Chest X-ray Drug Test 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 MERRY (HIST) OFFICE III LICENSE 10. 111828	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION		HEIGHT	WEIGHT	BLOOD TYPE	Bp.
		(Barefoot)	(Stripped)	В	
AGENCY:		169 cm 67.5kg			+
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		8-01-h			