

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointments and reinstatements.

FOR THE PROPOSED APPOINTEE

NAME (Last, First, Middle, or if married woman, Maiden Name) VILLAS, MICHAEL CARLO CATCHARDO		AGENCY/ADDRESS VISAYAS STATE UNIVERSITY BAYBAY CITY, LEYTE
ADDRESS BLK. 13, LOT 25, BARAS, PALW, LEYTE		PROPOSED POSITION ASSISTANT PROFESSOR I
AGE 31	SEX MALE	CIVIL STATUS SINGLE

Pre-Employment Medical - Physical Tests

1. Blood Test
2. Urinalysis
3. Chest X-Ray
4. Drug Test
5. Neuro-Psychiatric Examination (if necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM.

FOR THE PHYSICIAN

I hereby certify that I have personally examined the abovenamed individual and found her/him to be physically and medically fit/unfit for employment.		AFFIX Documentary Stamp Here	
PRINTED NAME / SIGNATURE OF PHYSICIAN Norm O. Santos	CERTIFICATE NUMBER 10170	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION Norm O. Santos, M.D.		HEIGHT (Base feet) 160cm	WEIGHT (Stripped) 77.5kg
AGENCY UP Health Services Bureau, Inc.		BLOOD Type	DATE EXAMINED 11/30/17