INSTRUCTIONS

 This medical certificate should be accomplished by a government physician. Attached this certificate to original appointments and reinstatements. 					
NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS		
Villar, Mary Annilyn L. ADDRESS			VSU, Visca Baybay		
Broy. Portag Baybay City, Leyte			VSU, Visca Baybax City, by te		
AGE SEX		CIVIL	PROPOSED POSITION		
27	F	STATUS	Instruct r 1		
Pre-Employment Medical-Physical Tests					
1 Blood Test 2 Urinalysis 3 Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)					
FOR THE PHYSICIAN					
I HEREBY CERITIFY that I have personally examined the above			e-named Affix Documentary		
individual and found her					
employment					
PRINTED NAME/SIGNATURE	OTHER INFO	RMATION AF	BOUT THE		
MERRY (HRIST T. SUPNET-GW Medical Officer License No. 111	CERTIFICATE NO.	PROPOSED APPOINTEE			
OFFICIAL DESIGNATION			HEIGHT	WEIGHT	BLOOD TYPE
			(Barefoot)	(Stripped)	A. Harris
ACTAIOV.			14 cm 51 kgg		
AGENCY: VSU HOSPITAL			DATE EXAMI	NED	
Visayas State University Visca, Baybay, Leyte, Philippines			N-02-0		