

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)			AGENCY ADDRESS	
TABINAKS, JULIA AVELLANA			VSN	
ADDRESS				
D. Bm, VSN				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
53 yrs old	Female	Married	Adm. Aide VI	
Pre-Employment Medical-Physical Tests				
1. Blood Test				
2. Urinalysis				
3. Chest X-ray				
4. Drug Test				
5. Neuro-Psychiatric Examination (If necessary)				
) Refer to Impairment				
FOR THE PHYSICIAN				
I HEREBY CERTIFY that I have personally examined the above-named individual and found <u>her/him</u> to be <u>physically and medically fit/unfit</u> for employment			Affix Documentary Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
JOSEPHINE O. ZAFICO, M.D.				
OFFICIAL DESIGNATION		HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE
MEDICAL OFFICER LIC. # 0756		188	81.84	" 4 O
AGENCY:		DATE EXAMINED		
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		7/1/14		

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