

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) WINSTON MEMBREDE TABADA, WINSTON M.			AGENCY ADDRESS DCST, VSU	
ADDRESS Apts, VSU, Baybay City, Leyte				
AGE 58	SEX M	CIVIL STATUS M	PROPOSED POSITION Professor 3	
Pre-Employment Medical-Physical Tests				
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (if necessary) 7 Mh + 1 Mh fil ✓				
FOR THE PHYSICIAN				
I HEREBY CERITIFY that I have personally examined the above-named individual and found her/him to be <u>physically and medically</u> fit/unfit for employment			Affix Documentary Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN JOSEPHINE ORZAFICO, MD		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION MEDICAL OFFICER III LIC # 07565		HEIGHT (Barefoot) 166	WEIGHT (Stripped) 82kg	BLOOD TYPE "B" m-140 90
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED 1 / 14 / 15	