

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) ESPINOSA, ELIZA DADOLE			AGENCY/ADDRESS VISAYAS STATE UNIVERSITY BAYBAY CITY, LEYTE
ADDRESS Brgy. Bulacan, Hindang Leyte			PROPOSED POSITION ASST. PROF. IV
AGE 48	SEX FEMALE	CIVIL STATUS MARRIED	

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 <u>fit/unfit</u> for employment.		AFFIX Documentary Stamp Here	
PRINTED NAME / SIGNATURE OF PHYSICIAN CAGAPAS, JESSICA M.	CERTIFICATE NUMBER 0119405	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
OFFICIAL DESIGNATION MD IV		HEIGHT (Bare feet)	WEIGHT (Stripped)
AGENCY NMMC		BLOOD Type	
		DATE EXAMINED	