INST	RUCTIONS	
 This medical certificate should be accepted. Attached this certificate to original approximation. 		
NAME (Last, First, Middle, or if married woman, Maiden Name) Gonzaln, trnuto, jr. Alkulno ADDRESS 952 A D. Voluso 67.		AGENCY ADDRESS
Premour city, laute		
AGE SEX	CIVIL	PROPOSED POSITION
401 M	M	Am. Fido 4
Pre-Employmen	t Medical-Physica	I Tests
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatr		
FOR TH	HE PHYSICIAN	
I HEREBY CERITIFY that I have personally individual and found her him to be physically as employment		
PRINTED NAME/SIGNATURE OF PHYSICIAN	CERTIFICATE NO.	OTHER INFORMATION ABOUT THE
JOSEPHINE O. ZAFICOLM D.	982	PROPOSED APPOINTEE HVD Stgc
OFFICIAL DESIGNATION AL OFFICER III		HEIGHT WEIGHT BLOOD TYPE
LIC. \$ C75699		(Barefoot) (Stripped) 163cm 57e-4kg
AGENCY:		DATE EXAMINED
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		7/8/14
Most Keliging fole of tratelly, Bups for hot hossis	combra 1	ung Them