

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) GODOY, CYNTHIA DOLORES V.			AGENCY ADDRESS		
ADDRESS CASL, Phil/ntcrps. 184					
AGE 57	SEX F	CIVIL STATUS M	PROPOSED POSITION		
Pre-Employment Medical-Physical Tests					
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)) Refr to Infirmary file					
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 JOSEPHINE P. ZAFICO, M.D.		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION MEDICAL OFFICER III LIC. # 07565-2		HEIGHT (Barefoot) 156.5 cm	WEIGHT (Stripped) 64.7 kg	BLOOD TYPE A	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED 3/17/14		