7/19/13

INSTRUC	CTIONS			
 This medical certificate should be accompled. Attached this certificate to original appoint 		· ·		
NAME (Last, First, Middle, or if married woman, Maiden Name)		AGENCY ADDRESS		
GE SEX CIVIL		PROPOSED POSITION		
44 MAVE S	M	DMINER !		
Pre-Employment Med	dical-Physica	al Tests		
4. Drug Test 5. Neuro-Psychiatric Ex		f necessary)		
I HEREBY CERITIFY that I have personally examindividual and found her/him to be physically and me employment			1	ocumentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN CER	RTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION AL OFFICER		HEIGHT	WEIGHT	BLOOD TYPE
LIC. & 0.750		(Barefoot)	(Stripped) 0/2.6 kg	type B"
AGENCY:		DATE EXAM	ΛΙ	
VSU HOSPITAL				

Visayas State University Visca, Baybay, Leyte, Philippines