

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) AURE, MA. RACHEL KIM L.			AGENCY ADDRESS BAYBAY CITY, LEYTE		
ADDRESS APT. 44 KILBOURNE DRIVE, VSU					
AGE 25	SEX F	CIVIL STATUS M	PROPOSED POSITION ASST. PROF.		
Pre-Employment Medical-Physical Tests					
1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary)					
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 U. ZAFICOLM D MEDICAL OFFICER III LE # 075692		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT (Barefoot) 157 cm	WEIGHT (Stripped) 93 Kg	BLOOD TYPE AB+	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED 9/6/16		