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| 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) | | | AGENCY ADDRESS | | |
| CUADRA, LITUERAJ J. | | | Visayas State University | | |
| ADDRESS | | | | | |
| Apt. 2, VSU Campus, Bay 2 City, Leyte | | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | | |
| 50 | F | m | Associate Professor D | | |
| Pre-Employment Medical-Physical Tests | | | | | |
| 1. Blood Test | | | | | |
| 2. Urinalysis | | | | | |
| 3. Chest X-ray | | | | | |
| 4. Drug Test | | | | | |
| 5. Neuro-Psychiatric Examination (If necessary) | | | | | |
| 7 Ref to Injury 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</u> fit/unfit for employment | | | | Affix Documentary Stamp | |
| PRINTED NAME/SIGNATURE OF PHYSICIAN | | CERTIFICATE NO. | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| JOSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699 | | | | | |
| OFFICIAL DESIGNATION | | HEIGHT (Barefoot) | WEIGHT (Stripped) | BLOOD TYPE | |
| | | | | | |
| AGENCY: | | DATE EXAMINED | | | |
| VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines | | 1/31/17 | | | |