

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		
CESAR, SENONA ARAZO			Visayas State University Visca, Baybay, Leyte		
ADDRESS			Assoc Prof		
94 Warner VSU Visca Baybay, Leyte					
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
46	F	S			
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Blood Test 2. <input checked="" type="checkbox"/> Urinalysis 3. <input checked="" type="checkbox"/> Chest X-ray 4. <input type="checkbox"/> Drug Test 5. <input type="checkbox"/> Neuro-Psychiatric Examination (If necessary) 					
FOR THE PHYSICIAN					
I HEREBY CERTIFY that I have personally examined the above-named individual and found her/him to be physically and medically 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
			156 cm	66 kg	O
AGENCY:			DATE EXAMINED		
VSU HOSPITAL Visayas State University Visca, Baybay City, Leyte, Philippines			12/20/16		

DP-100/70