

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) DE PADUA, ELDON, PARENAS		AGENCY ADDRESS	
ADDRESS VSU Baybay City			
AGE 22	SEX Male	CIVIL STATUS Single	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) 7 m to 14 m file			
FOR THE PHYSICIAN			
I HEREBY CERITIFY 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 JOSEPHINE U. ZAFICAN MEDICAL OFFICER II LIC # 125830		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION		HEIGHT (Barefoot) 161 cm	WEIGHT (Stripped) 59 kg BLOOD TYPE O
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 9/26/16	

Pp 122
73



Office of the President of the Philippines
COMMISSION on HIGHER EDUCATION

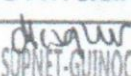
SCHOLARSHIPS for GRADUATE STUDIES (Local)
K to 12 Transition Program Management Unit



MEDICAL CERTIFICATE

This form shall be accomplished by the physician examining the teaching / non-teaching personnel nominated by the sending Higher Education Institution (SHEI). Any medical examinations required must be complied accordingly by the nominee. Note that a certified-true copy of the results by the attending physician may be attached for verification, if deemed necessary. Any erasures in the form shall invalidate all remarks indicated.

PATIENT'S NAME (Last Name, First Name, Middle Initial) De Padua, Eldon , P.		SEX (Male or Female) Male	DATE OF CHECK UP 03-30-2017
BIRTHDATE (mm/dd/yyyy) 09/18/1994	AGE 22	CONTACT NO. 09073659646	
PART 1. MEDICAL EXAMINATION RESULTS Listed below are the required medical tests to be undertaken by the patients and corresponding results for each test. Place a checkmark on the applicable column to indicate if the result for the said test is POSITIVE or NEGATIVE .			
	POSITIVE	NEGATIVE	COMMENTS
1) CBC		/	
2) URINALYSIS		/	
3) FECALYSIS		/	
4) CHEST X-RAY		/	
PART 2. PRESCRIPTION (if applicable) This section shall be used to prescribe either (1) further medical tests to be undertaken and/or (2) medical advice for the patient.			
PART 3. RECOMMENDATION <input checked="" type="checkbox"/> Based on the overall result of the medical examinations, the nominee is PHYSICALLY FIT . <input type="checkbox"/> Based on the overall result of the medical examinations, the nominee is PHYSICALLY FIT but is advised to follow the prescription indicated in Part 2. <input type="checkbox"/> Based on the overall results of the medical examinations, the nominee is NOT PHYSICALLY FIT and is recommended to seek further medical attention.			

ATTENDING PHYSICIAN
 MERRY CHRISTL T. SUPNET-GUINOCOR, M.D. Medical Officer III SIGNATURE OVER PRINTED NAME & LICENSE NUMBER