



UNIVERSITY HEALTH SERVICE

University of the Philippines Los Baños
College, Laguna, Philippines 4031
Tel. Nos. (049) 536-2470; 536-3247

Philhealth Accredited Health Care Provider



PRE-PARTICIPATION MEDICAL CERTIFICATE FOR UPLB ACADEMIC ACTIVITIES (Educational Tours / Field Trips)

SEP 26 2016

Date

TO WHOM IT MAY CONCERN:

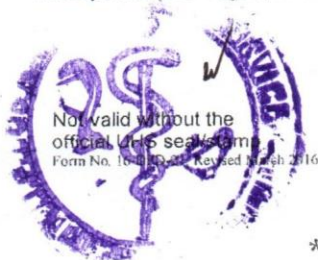
This is to certify that WARREN D. COME, 28/m, UPLB Student with No. 2016-66721 of CA
(Name) (Age / Sex) (College)

☒ was examined today ☐ was examined on _____ by _____ Lic. No. _____

Findings are as follows:

- ☒ Essentially normal physical examination findings at this time
☐ Others: _____

This certification is being issued upon the request of the above-named person for the purpose of an educational tour / field trip, except medico-legal, and is valid until ☒ 6 months from the date of issuance ☐ Others: _____



RB Trinidad

Physician's Name & Signature
License No. 107719

**Present this copy to the Faculty-In-Charge of your activity.*

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) COME, WARREN DE VEYRA			AGENCY ADDRESS VSU		
ADDRESS Apt. 27 Kilbourne St. VSU, VISCA BANBAY CITY					
AGE 38	SEX MALE	CIVIL STATUS MARRIED	PROPOSED POSITION		
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) , Men to help file					
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 JOSEPHINE O. ZAFICOLA D MEDICAL OFFICER III LIC. # 025090		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION		HEIGHT (Barefoot) 175 cm	WEIGHT (Stripped) 86.3 kg	BLOOD TYPE Bp. 120/70	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED 8/4/14		



MEDICAL CERTIFICATE
(For Enrollment)

July 27, 2016

Date

TO WHOM IT MAY CONCERN:

This is to certify that WARREN P. COME, 38/M UPLB Student with No. 2016-66721 of CA
(Name) (Age / Sex) (College)
☒ was examined today ☐ was examined on _____ by _____ Lic. No. _____

Clinical findings: essentially (N) Pt findings

S/he has been found to be physically and mentally fit for enrollment at the **UNIVERSITY OF THE PHILIPPINES LOS BAÑOS** for the 1st / 2nd Semester / Summer, AY 2016 - 17. This certification is also valid for University-sanctioned educational tours, field trips and sports-related activities for: ☒ One (1) school year ☐ Others: _____ and is being issued upon the request of the above-named person for the indicated purpose/s, except medico-legal in nature.



Katshu M. L. Sam
Physician's Name & Signature
License No. 12671

***Present this copy to the Office of the University Registrar.**