

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

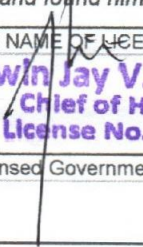

- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ Blood Test  
☐ Urinalysis  
☐ Chest X-Ray  
☐ Drug Test  
☐ Psychological Test  
☐ Neuro-Psychiatric Examination (if applicable)

**FOR THE PROPOSED APPOINTEE**

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
MENEGES, RARA CECILIA LASTRILLA			
ADDRESS			
627 LT JUPITER AVEY PHS 2B V&6 SUBD.			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
34	FEMALE	SINGLE	

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 <b>Elwin Jay V. Yu, M.D.</b> Chief of Hospital License No. 098800			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	157cm	71kg	A
OFFICIAL DESIGNATION	DATE EXAMINED		
	11/19/19		

RP-120/80

RL970485  
60

DEPARTMENT OF HEALTH  
TNB DRUG TESTING DIAGNOSTIC LABORATORY  
AUNUBING COGON, COGON COMBADO, ORMOC CITY, LEYTE

Phone Number (053) 8323123

**DRUG TEST REPORT**

CCF No: 201911190023  
Name: MENESES, RAZA CRECIA L  
Birthdate: 08/04/1985 Age: 34 Gender: F

Transaction Date Time: 11/19/2019 2:24:00PM  
Report Date Time: 11/19/2019 2:31:16PM

Test Method TEST KIT

**Purpose**

Government Employment

**Requesting Parties****Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

17 TERESITA B. NABOYA

Analyst

Approved By

DR. REYNALDO P. ESQUIVEL 11

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report