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 AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ADDRESS AGE FOR THE LICENSED GOVERNMENT PHYSICIAN 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 ☐FIT / ☐UNFIT for employment. SIGNATURE OVER PRINTED NAME ALICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE Elwig Jay V. Yu. M.D. PROPOSED APPOINTEE ef of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician: BLOOD LICENSE NO. WEIGHT (KG) HEIGHT (M) MP-140/80 Bare Foot Stripped TYPE 1660 DATE EXAMINED OFFICIAL DESIGNATION

11/14/2019 1:37:00PM

11/14/2019 1:38:32PM



DEPARTMENT OF HEALTH CDU DRUG TESTING LABORATORY

MAGSAYSAY AVE., POBLACION ZONE 22, BAYBAY, LEYTE,

Phone Number 053-335-2849

DRUG TEST REPORT

SL940375 57

CCF No:

Name:

201911140012

MONDAL, HERNANDO L.

Birthdate: 05/03/1975

Age: 44 Gender: M

Test Method

TEST KIT

Purpose

Others

Requesting Parties

VISAYAS STATE UNIVERSITY

Transaction Date Time:

Report Date Time:

Result

Drug/Metabolite	Result	Remarks	
METHAMPHETAMINE	NEGATIVE		
TETRAHYDROCANNABINOL	NEGATIVE		

Test Conducted By

26

CRESELDA DUMAGUING UY

Analyst

Approved By

REYNALDO P. ESCUIVEL

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report