### **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/mental examinations must be attached to this form:
- Blood test
- o Urinalysis
- Chest x-ray
- o Drug test
- Pychological test
- Neuro-Psyciatric Examination (if Applicable)

### FOR THE PROPOSED APPOINTEE

NAME (Last Name, First name, Name Extension (if any) and Middle Name)			Agency /Address
GINAS AUREA A. VILLAGONZALO			VSU, Visca, Baybay City,
ADDRESS			Leyte
Duplex A-1			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
58	FEMALE	MARRIED	

### 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 <b>FIT/ UNFIT</b> for employment.				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Mary Cheryl N. Larona, MD Internal Medicine License No. 105173		OTHER INFORMATION BOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD TYPE	
105173	Bare Foot	Stripped		
	2.54	72		
OFFICIAL DESIGNATION		DATE EXAMINED		
	11/16	119		



# ST. JUDE FAMILY HOSPITAL

Lopez Ave., Batong Malake, Los Baños, Laguna Tel. No. (049) 536-1232/Telefax No. (049) 536-1982 E-mail Add: st.jude hospital@yahoo.com.ph

## MEDICAL CERTIFICATE

and with postal examined at St.	to certify that address at Jude Fami	Hospital.	has been seen ar	ling in nd
DIAGNOSIS:	***************************************	HPN cumbrilled		
		EIN PE Findings a	t Time of examination	or manufactures.
REMARKS:		advised		entiglithe design process
		amhnu meds		
	Section of the sectio	Fit to work		
Issued	upon the re	uest of Mr. Ms. 91991 auria	anduyan Villagonzals	
11/14/2	1019		Alle	
			Mary Cheryl N. Larona, MD	

Internal Medicine License No. 105173



### DEPARTMENT OF HEALTH LDC DIAGNOSTIC AND MULTISPECIALTY CLINIC INC. #6607 TM PLACE, SAN ANTONIO, LOS BANOS, LAGUNA

Phone Number 049-557-7347

### DRUG TEST REPORT

TP972561 10

201911160003

Report Date Time:

Transaction Date Time: 11/16/2019 11:46:00AM

Name: Birthdate:

CCF No:

VILLAGONZALO, GINAS AUREA ANDUYAN 08/25/1961

Age: 58

Gender: F

11/16/2019 11:52:39AM

**Test Method** 

TEST KIT

Purpose

Private Employment

**Requesting Parties** 

VISAYAS STATE UNIVERSITY

#### Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

**Test Conducted By** 

Approved By

72

ROMA RAMILO MAS

DR. HERBERT ZULUETA MANAOIS

17

Analyst

**Head of Laboratory** 

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report