

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	
REDULA, JAY FERNANDEZ			VISAYAS STATE UNIVERSITY	
ADDRESS			# 8 LOURDES ST. PASAY CITY	
B39 L8 PH9 GRANDIOSA SUBDIVISION PUNTA 1, TANZA CAVITE				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
47	MALE	MARRIED	DRIVER II	

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 OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
CARINA ANNE LIMPO, MD		- Essentially Normal at the time of examination		
AGENCY/Affiliation of Licensed Government Physician:		- No Contradictions		
GEAMH				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
0163762	1.66	80	A+	
OFFICIAL DESIGNATION		DATE EXAMINED		
Internal Medicine Resident Physician		December 12, 2024		



SO950977

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DEPARTMENT OF HEALTH  
MULTILAB DIAGNOSTIC & HEALTH SERVICES  
52 LUCIANO ST., LUCIANO (BITANGAN), TRECE MARTIRES CITY, CAVITE,  
Phone Number 046-864-0766

**DRUG TEST REPORT**

CCF No: 202411270008  
Name: REDULA, JAY FERNANDEZ  
Birthdate: 06/09/1977 Age: 47

Gender: M

Transaction Date Time: 11/27/2024 9:45:00AM  
Report Date Time: 11/27/2024 6:59:00PM

**Test Method** TEST KIT**Purpose**

Driver's License - Non-professional  
Others

**Requesting Parties**

Land Transportation Office  
VISAYAS STATE UNIVERSITY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

**Test Conducted By****Approved By**

96

KARLA AGNES URSAL COSCOS

**Analyst**

DR. RAYMUNDO FRANCISCO FELICIANO 39

**Head of Laboratory****Valid Within 12 Month/s from Transaction Date***This is a DOH-DDB IDTOMIS generated report*





# MULTILAB DIAGNOSTIC & HEALTH SERVICES

Main: #52 Lucinao Hi-way Trece Martires City, Cavite  
Telefax No. (046) 864-0766

## CUSTODY AND CONTROL FORM

(Form DT-002A Copy for CLIENT/PATIENT/DONOR)

SPECIMEN I.D. No. \_\_\_\_\_

Accession Number: 202411270008

### STEP 1: COMPLETED BY COLLECTOR OR EMPLOYED REPRESENTATIVE

A. Client's/Donor/Patient's Name: Code Jay F. Redulig C. Age: 47 D. Sex: M  
B. Address: B39 L8 Pua Grandiose Subd., Punta 1 Tamarra Cavite  
E. Employer's Name and Address: Visayas State University (VSU) 8 Lourdes St. Pasay City  
F. Type of Specimen: Chest Xray, Drug G. Room for Test: \_\_\_\_\_  
I / Urine I / Pre-employment I / Random I / Reasonable Suspicion / Cause  
I / Blood I / Return to Duty I / Mandatory I / Post Accident  
I / Others (specify) \_\_\_\_\_ I / Follow-up I / Others (specify) \_\_\_\_\_  
H. Drug Test to be Performed: I / THC, COC, PCP, OPI, AMP I / THC & METH I / Others (specify) \_\_\_\_\_

### STEP 2: COMPLETED BY COLLECTOR

Read the specimen temperature within 4 minutes  
Is the temperature between 32 C & 38 C?

I / Yes I / No

Specimen Collection: I / Observed I / Unobserved

Specimen sampling: I / Single I / Split

Specimen Volume: 60 ml Color: yellow

Physical Appearance: \_\_\_\_\_

Other Observation (Enter Remark)

Remarks:

STEP 3: Collector Affixes Bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor complete STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section and step 5 of this form was collected, sealed and released to the delivery service noted in accordance with the applicable Department of Health requirements.

Signature of Collector Time of Collection

Alvin Dayanon

9:20

27 NOV 2024

SPECIMEN BOTTLE(S) RELEASED TO:

\_\_\_\_\_  
Name of Delivery Service Transferring Specimen to Laboratory

(PRINT) Collector's Name (First, MI, Last)

Date

RECEIVED AT LAB:

Signature of Accessioner

Alvin Dayanon

27 NOV 2024

(Print) Accessioner's Name (First, MI, Last)

Date

STATUS OF SPECIMEN

(a) Seal Intact I / Yes I / No

(b) Transport device: \_\_\_\_\_

(c) Description: \_\_\_\_\_

SPECIMEN BOTTLES RELEASED TO:

\_\_\_\_\_  
Signature of Receiving Person

Print Name (First, MI, Last)

Date

### STEP 5: COMPLETED BY DONOR/CLIENT/PATIENT

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner. Each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provide in this form and on the affixed bottle is correct.

Signature of Donor/Client/Patient

Date of Examination

11/27/24

Date of Birth:

June 9, 1977

### STEP 6: COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements my determination/verification is:

I / NEGATIVE

I / POSITIVE

I / TEST CANCELLED

I / REFUSAL TO TEST BECAUSE:

I / DILUTED

I / ADULTERATED

I / SUBSTITUTED

REMARKS: \_\_\_\_\_

I / OTHERS (Specify): \_\_\_\_\_

Signature and Name of Analyst

Signature and Name of Head of Laboratory

Date

### STEP 7: COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements my determination/verification is for the specimen (if tested) is:

CONFIRMED FOR:

I / CHALLENGE

I / FAILED TO CONFIRM-REASON: \_\_\_\_\_

I / THC I / METH I / OTHERS \_\_\_\_\_

Signature and Name of Analyst

Signature and Name of Head of Laboratory

Date

### STEP 8: TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY

In accordance with applicable Department of Health requirements my determination/verification is for the specimen (if tested) is:

RECONFIRMED FOR:

I / FAILED TO CONFIRM-REASON: \_\_\_\_\_

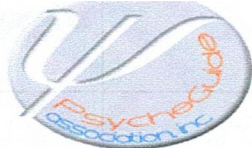
I / THC I / METH I / OTHERS \_\_\_\_\_

Signature and Name of Analyst

Signature and Name of Head of Laboratory

Date





2<sup>nd</sup> floor, Creencia Bldg. Brgy. Luciano, Trece Martires City, Cavite  
SEC Registration No. CN201414962  
Email Address: [psychguide@gmail.com](mailto:psychguide@gmail.com)  
Contact Nos.: 0933 819 2727  
0968 856 7118

**STRICTLY CONFIDENTIAL**

**NEUROPSYCHOLOGICAL EXAMINATION REPORT**

**PERSONAL INFORMATION**

**Name:** REDULA, JAY FERNANDEZ

**Age:** 47 years old

**Gender:** Male

**Civil Status:** Married

**Address:** B39 L8 Ph9 Grandiosa Subd. Punta I, Tanza, Cavite

**Religion:** Catholic

**Educational Attainment:** Bachelor of Science in Secondary Education

**Position applying for:** Administrative Aiden IV Driver II

**Name of the Company:** Visaya State University – 8 Lourdes St. Pasay City

**Purpose of Examination:** For Local Employment Only

**Date of Examination:** November 27, 2024

**Date Evaluated:** November 27, 2024

**Valid until:** May 27, 2025

**INSTRUMENTS USED**

Clinical Interview and Mental Status Examination

Purdue non-language test

Sentence Completion Series - Work

Draw A Person

Bender II

**BEHAVIORAL OBSERVATIONS AND MENTAL STATUS**

<b>Mental Status Examination (MSE) CATEGORY</b>	<b>Poor</b>	<b>Fair</b>	<b>Satisfactory</b>	<b>Good</b>
Eye Contact			√	
Motor Skills			√	
General Information			√	
Orientation to the three spheres			√	
Recall, Immediate and Recent Memory			√	
Judgment			√	
Insight			√	
Reliability			√	
Mood and Affect			√	
Thought Content and Process			√	
Perceptual Disturbances	<b>Delusions</b>	<b>Hallucinations</b>	<b>Fantasies</b>	<b>Nothing at all</b>
				√

**TABULIZE TEST RESULT and INTERPRETATIONS**

<b>DIMENSIONS</b>	<b>PERCENTILE</b>	<b>LOW</b>	<b>BELOW AVERAGE</b>	<b>AVERAGE</b>	<b>ABOVE AVERAGE</b>	<b>SUPERIOR</b>
<b>COGNITIVE FUNCTIONING</b> *Level of Non-verbal Mental Ability	<b>5</b>	√				





# MULTILAB DIAGNOSTIC & HEALTH SERVICES

52 Trece-Indang Road, Brgy. Luciano Trece Martires City, Cavite

Contact No: (046) 864-0766 | 0917-505-0084

Email: [multilab2013diagnostic@yahoo.com.ph](mailto:multilab2013diagnostic@yahoo.com.ph)

CN: 11-29-20-24

## MEDICAL CERTIFICATE

To whom it may concern:

This is to certify that Roderic Jay, 47 years  
old, was seen and thoroughly examined at Multilab Diagnostic and Health Services on  
November 29 2024 due to check up.

Clinical Diagnosis: Essentially Normal Findings at the  
time of examination.

Recommendation:

Fit to work

**Note: This certification is issued upon request for whatever good purposes it may serve and not intended for medico-legal/ court use.**

*[Signature]*  
Alvin M. Diomile M.D.

Attending Physician

146252

License Number





# MULTILAB DIAGNOSTIC & HEALTH SERVICES

52 Trece-Indang Road, Brgy. Luciano Trece Martires City, Cavite

Contact No: (046) 864-0766 | 0917-505-0084

Email: [multilab2013diagnostic@yahoo.com.ph](mailto:multilab2013diagnostic@yahoo.com.ph)

Name: REDULA, JAY F.	Date of Examination : NOVEMBER 27 , 2024	
Address: B39 L8 PH9 GRANDIOSA PUNTA I, TANZA CAVITE	Age: 47	Sex: MALE
Company: VISAYAS STATE UNIVERSITY	Birth Date: 06-09-77	Civil Status: MARRIED
Nature of Examination: PRE EMPLOYMENT	Contact No: 0966-583-5881	

## MEDICAL EXAMINATION REPORT

PAST MEDICAL HISTORY:	(-)		
COVID-19 VACCINE:	(+) Fully Vaccinated (SINOVAC)		
PRESENT ILLNESS:	(-)		
PERSONAL & SOCIAL HISTORY:	(-) Smoking	(-) Drugs	(-) Alcohol
FAMILY HISTORY:	(-) PTB	(-) Asthma	(-) Heart Disease
	(-) Renal Problem	(-) Allergy	(-) Diabetes
			(-) HPN
			(-) Others

Temp. p. (°C)	Height (cm)	Weight (kg)	Respiratory Rate (cpm)	Blood Pressure (mmhg)	Pulse Rate (bpm)	Visual Acuity w/o eye glass	Hearing
37.1	172	82	21	120/70	82	Right: 20/20 Left: 20/20	

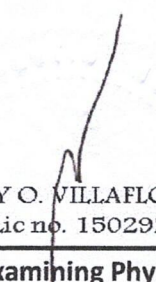
DESCRIPTION	NORMAL	FINDINGS	DESCRIPTION	NORMAL	FINDINGS
Skin	✓		Abdomen	✓	
Head/Scalp	✓		Back/Flanks	✓	
Eyes, External	✓		Anus/Rectum	WAIVED	
Ears	✓		G-U System	WAIVED	
Nose, Sinuses	✓		Inguinal/Genitals	WAIVED	
Mouth/Throat	✓		Musculo-Skeletal	✓	
Neck, Thyroid	✓		Reflexes	✓	
Chest, Breast	✓		Extremities	✓	
Heart/ Lungs	✓		Neuro	✓	

DENTAL EXAMINATION:	FINDINGS:		
Upper:	Right: 87654321	Left: 12345678	
Lower:	Right: 87654321	Left: 12345678	
C= Carries	A= Artificial	M= Missing	( )= Capped X= Tooth Extraction

DIAGNOSIS:
CHEST X-RAY: NORMAL
PHYSICAL EXAMINATION: BODY MASS INDEX = 27.7 OVER WEIGHT
LABORATORY AND DIAGNOSTIC EXAMINATION: NORMAL
RECOMMENDATION: LOW FAT, LOW SALT, LOW CALORIE DIET, REGULAR EXERCISE.
RATING : CLASS A - PHYSICALLY FIT WITH MINOR FINDINGS(OVER WEIGHT)

I hereby permit Multilab Diagnostic and Health Services and the undersigned physician to furnish information which the company may need pertaining to health status and other pertinent medical findings and do hereby release them from any legal responsibilities. I affirm and certify that the medical history contained above is true and understand that any false statement may render for refusal of this application or immediate termination of employment.

  
Patient's Signature Over Printed Name

  
WALLY O. VILLAFLORES MD  
Lic no. 150292  
Examining Physician





# MULTILAB DIAGNOSTIC & HEALTH SERVICES

52 Trece-Indang Road, Brgy. Luciano Trece Martires City, Cavite

Contact No: (046) 864-0766 | 0917-505-0084

Email: [multilab2013diagnostic@yahoo.com.ph](mailto:multilab2013diagnostic@yahoo.com.ph)

DOH License No. 4A-0424-24-CL-2

NAME:	AGE:	SEX:	BIRTHDATE:	REQUESTED BY:	DATE:
REDULA, JAY	47	M	6/9/1977		11-27-2024

## HEMATOLOGY

TEST	RESULT	REFERENCES	DIFFERENTIAL COUNT	RESULT	REFERENCES
HEMOGLOBIN	148	MALE (≥18yo): 130-180 g/L FEMALE (≥18yo): 115-150 g/L	SEGMENTERS	58.0	40.0-75.0 %
HEMATOCRIT	45	MALE (≥18yo): 38-50 % FEMALE (≥18yo): 35-45 %	LYMPHOCYTES	33.0	20.0-50.0 %
WBC	6.45	5.00-10.00 X 10 <sup>9</sup> /L	MONOCYTES	9.0	3.0-15.0 %
RBC	5.12	M (≥18yo): 4.30-5.70 x 10 <sup>12</sup> /L F (≥18yo): 4.00-5.20 x 10 <sup>12</sup> /L	EOSINOPHILS		0.01-0.04 %
Platelet Count	ADEQUATE	150-450 x 10 <sup>9</sup> /L	BASOPHILS		0.0-0.01 %

## URINALYSIS

COLOR	LIGHT YELLOW	TRANSPARENCY	CLEAR	ALBUMIN	NEGATIVE
REACTION	6.0	SPECIFIC GRAVITY	1.010	SUGAR	NEGATIVE
PUS CELL	0-2	/hpf	CRYSTALS:		
RED BLOOD CELL	0-2	/hpf	CALCIUM OXALATE		/lpf
EPITHELIAL CELL	RARE	/lpf	URIC ACID		/lpf
MUCUS THREADS	RARE	/lpf	CASTS:		
AMORPHOUS SUBSTRATES		/lpf	HYALINE		/lpf
BACTERIA		/lpf	FINE/COARSE GRANULAR		/lpf
YEAST CELL		/lpf	OTHERS:		

REMARKS: TEST RECHECKED, RESULTS VERIFIED.

Performed by:

**GISILLE C. DE CLARO, RMT**

Medical Technologist

LIC # 0125020

Verified by:

**KARLA AGNES U. COSCOS, RMT**

Medical Technologist

LIC # 0054967

**RAYMUNDO F. FELICIANO, MD**

Pathologist

LIC # 0071710



# HEALTHMED Specialist

G/F, MPH, Bldg. Brgy. Luciano, Trece Martires City, Cavite  
Cell No: 0999. 410.7907 | Email Add: [healthmed\\_specialist@yahoo.com](mailto:healthmed_specialist@yahoo.com)

Name: REDULA, JAY  
Age/Sex: 47 / MALE  
Company: MULTILAB

Date: November 28, 2024  
X-ray: 24-5557

## RADIOGRAPHIC FINDINGS

### CHEST PA


There is no definite active parenchymal densities seen in both lungs.  
Heart is not enlarged.  
Diaphragm is intact.  
The rest of the visualized thoracic structures are unremarkable.

### IMPRESSION:

➤ NORMAL CHEST STUDY

Thank you for the referral...

  
PATRICK ONEIL O. GUMAPAO RRT.  
Radiologic Technologist

  
NOEL M. PUNO, MD., DPBR  
Radiologist