

**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) <i>CAPUNO, RUFINA F.</i>		AGENCY / ADDRESS <i>DOE, VSU, Visca Baybay City, Leyte</i>	
ADDRESS <i>Apt. 42, Kilbourne Drive, VSU, Visca, Baybay City, Leyte</i>			
AGE <i>61</i>	SEX <i>F</i>	CIVIL STATUS <i>Married</i>	PROPOSED POSITION <i>Associate Professor II</i>

**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 <input checked="" type="checkbox"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>Elwin Jay V. Yu, M.D.</i> Chief of Hospital License No. 098800		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE <i>Hyperbilirubinemia</i> <i>1400</i>	
AGENCY/Affiliation of Licensed Government Physician: <i>Visayas State University</i>			
LICENSE NO. <i>098800</i>	HEIGHT (M) Bare Foot <i>154~</i>	WEIGHT (KG) Stripped <i>61kg</i>	BLOOD TYPE <i>B+</i>
OFFICIAL DESIGNATION <i>Chief of Hospital</i>	DATE EXAMINED <i>11/18/14</i>		



UI930758

55

DEPARTMENT OF HEALTH  
CDU DRUG TESTING LABORATORY  
MAGSAYSAY AVE., POBLACION ZONE 22, BAYBAY , LEYTE,  
Phone Number 053-335-2849

**DRUG TEST REPORT**

CCF No: 201911190010  
Name: CAPUNO, RUFINA FELICILDA  
Birthdate: 04/07/1958 Age: 61 Gender: F

Transaction Date Time: 11/19/2019 2:59:00PM

Report Date Time: 11/19/2019 3:00:14PM

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

Others

**Requesting Parties**

VISAYAS STATE UNIVERSITY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By**

96

CRESELDA DUMAGUING UY

**Analyst****Approved By**

DR. REYNALDO P. ESQUIVEL

69

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