

## 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) <b>CENIZA MARIA JULIET C.</b>			AGENCY / ADDRESS <b>VSA, VISA, Baybay City Leyte</b>
ADDRESS <b>VSA-672 Duplex 2</b>			
AGE <b>39</b>	SEX <b>F</b>	CIVIL STATUS <b>M</b>	PROPOSED POSITION <b>Professor VI</b>

## 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: <b>Elwin Jay V. Yu, M.D.</b> <b>Chief of Hospital</b> <b>License No. 098800</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE 	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>1.88</b>	WEIGHT (KG) Stripped <b>60kg</b>	BLOOD TYPE <b>B</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>11/18/19</b>		

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TQ962460  
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DEPARTMENT OF HEALTH  
CDU DRUG TESTING LABORATORY  
MAGSAYSAY AVE., POBLACION ZONE 22, BAYBAY , LEYTE,

Phone Number 053-335-2849

**DRUG TEST REPORT**

CCF No: 201911180004  
Name: CENIZA, MARIA JULIET CAÑETE  
Birthdate: 07/24/1960 Age: 59 Gender: F

Transaction Date Time: 11/18/2019 8:56:00AM  
Report Date Time: 11/18/2019 8:57:54AM

**Test Method** TEST KIT

**Purpose**  
Others

**Requesting Parties**  
VISAYAS STATE UNIVERSITY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By**

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*Cathy*  
CRESELDA DUMAGUING UY

**Analyst**

**Approved By**

*[Signature]*  
DR. REYNALDO P. ESQUIVEL

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**Head of Laboratory**

**Valid Within 12 Month/s from Transaction Date**

*This is a DOH-DDB IDTOMIS generated report*