

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)

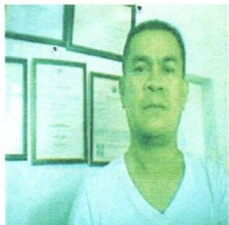
FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
SACEDON, MARLON FLORES			DMP-CAS VSU
ADDRESS			
DMP-CAS VSU, BAYBAY CITY WTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
51	MALE	MARRIED	Asst. PROF 4

FOR THE LICENSED GOVERNMENT PHYSICIAN

<i>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"/> FIT / <input type="checkbox"/> UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	163.50cm	73kg	A Neg
OFFICIAL DESIGNATION	DATE EXAMINED		
	11/20/19		

BP - 130/70
mmHg

TI011067
65

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

Phone Number 053-335-2849

DRUG TEST REPORT

CCF No: 201911200003
Name: SACEDON, MARLON FLORES
Birthdate: 12/10/1967 Age: 51 Gender: M

Transaction Date Time: 11/20/2019 1:09:00PM
Report Date Time: 11/20/2019 1:10:23PM

Test Method TEST KIT

Purpose
Others

Requesting Parties
VISAYAS STATE UNIVERSITY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

67 *Cduw*
CRESELDA DUMAGUING UY

Analyst**Approved By**

[Signature]
DR: REYNALDO P. ESQUIVEL

66

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