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 Ext	ension (if any) and Middle Name)	AGENCY / ADDRESS		
akumo	Packno	olleras	V 5 14		
Panagany	an Bautone	cety Leute			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
62	14	P	Admin Able II		

FOR THE LICENSED GOVERNMENT PHYSICIAN

above named individual and found him/her to be physically and medically.	DET / DUNFI	T for employme	ent.	
SIGNATURE over PRINTED NAME OF LICENS OF OVERNMENT PHYSICIAN: Miedical Officer III License No. 111328	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD TYPE	by
	152 h	48.5	0	120/6
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
	2-19-21			



UJ912358

DEPARTMENT OF HEALTH

HCL HEALTH CHECK LABORATORY ML QUEZON ST., ZONE 11, BAYBAY CITY, LEYTE

Phone Number 053-563-7432

DRUG TEST REPORT

CCF No:

202102170002

02/23/1958

Transaction Date Time: Report Date Time:

2/17/2021 3:52:00PM 2/17/2021 3:53:49PM

Name:

ALKUINO, PEDRO O

Gender: M

Birthdate:

Test Method

TEST KIT

Requesting Parties

Purpose

Government Employment

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

Age: 62

Approved By

17

Analyst

DR. JOAN C. TIU-AYUSON Head of Laboratory

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Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report