MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS				
a. This medical certificate should be accomplished by a lice b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	d reemployment.			
FOR THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) QUIMBO, HANNAH MAE EVANGELIO	AG	AGENCY / ADDRESS		
Bigy. Killim, Baybay city, Leyte				
29 SEX CIVIL STATUS Mamied	PR	PROPOSED POSITION		
FOR THE LICENSED GOVERNME	INT DUVEL	CIAN		
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	examination result	ts, personally e for employmen	nt.	
Elwin Jay V. Yu, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	77-44 DATE EXAMINE	182	'A+"	
	DATE EXAMINE			

11/18/2019 10:35:31AM

Transaction Date Time: 11/18/2019 10:33:00AM



DEPARTMENT OF HEALTH CDU DRUG TESTING LABORATORY

MAGSAYSAY AVE., POBLACION ZONE 22, BAYBAY, LEYTE,

Phone Number 053-335-2849

DRUG TEST REPORT

QQ090690 59

CCF No:

201911180012

Name:

Test Method

QUIMBO, HANNAH MAE E

Birthdate: 10/06/1990 Age: 29

Gender: F

Purpose

Others

TEST KIT

Requesting Parties

VISAYAS STATE UNIVERSITY

Report Date Time:

Result

Drug/Metabolite	Result	Remarks	
METHAMPHETAMINE	NEGATIVE		
TETRAHYDROCANNABINOL	NEGATIVE		

Test Conducted By

auch

16

CRESELDA DUMAGUING UY

Analyst

ALDO P. ESQUIVEL

Approved B

01

Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report