

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

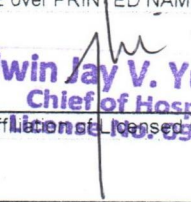
- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☐ 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>Morales, Florentino Jr. Fernandez</b>			AGENCY / ADDRESS <b>VSU, Baybay City</b>
ADDRESS <b>Cogon, Baybay City, Leyte</b>			
AGE <b>36</b>	SEX <b>M</b>	CIVIL STATUS <b>Single</b>	PROPOSED POSITION <b>Asst. Prof. IV</b>

**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:  <b>Elwin Jay V. Yu, M.D.</b> <b>Chief of Hospital</b> <b>License No. 258800</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliated Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>1.65M</b>	WEIGHT (KG) Stripped <b>70</b>	BLOOD TYPE <b>O</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>11/15/20</b>		

IE

RN981983  
62

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

**DRUG TEST REPORT**

CCF No: 202001040005

Name: MORALES, FLORENTINO JR

Birthdate: 09/19/1983

Age: 36

Gender: M

Transaction Date Time: 1/4/2020 3:01:00PM

Report Date Time: 1/4/2020 3:02:04PM

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

Others

**Result****Requesting Parties**

VISAYAS STATE UNIVERSITY

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By**

07

CRESELDA DUMAGUING UY

**Analyst****Approved By**

DR. REYNALDO P. ESQUIVEL

**Head of Laboratory**

30

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