# 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)  ORAND, JONAH FUOR V			AGENCY / ADDRESS	
ADDRESS SAN	LSTORD, MAH	DCST / VSU		
AGE 33	SEX PEMALE	CIVIL STATUS	PROPOSED POSITION	
		SINGLE	ASST. PROF. 2	

# FOR THE LICENSED GOVERNMENT PHYSICIAN

	11-10.10		
OFFICIAL DESIGNATION	DATE EXAMINED		
	130	96v	At.
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
AGENCY/Affiliation of Licensed Government Physician:			
Medical Officer III License No. 111828		00257117011	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRISTLT, SUPNET-CONNOCOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MCDDY CUDICTUT CUDICTUT COMMON AD	OTHER IN	for employmer FORMATION AE	nt. BOUT THE

11/14/2019 9:49:00AM

11/14/2019 9:50:37AM



#### **DEPARTMENT OF HEALTH CDU DRUG TESTING LABORATORY**

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

Phone Number 053-335-2849

#### DRUG TEST REPORT

RK960786 49

CCF No:

201911140007

Name:

ORAÑO, JONAH FLOR V.

Birthdate: 07/07/1986 Age: 33

Gender: F

**Test Method** 

**TEST KIT** 

**Purpose** 

Others

**Requesting Parties** 

VISAYAS STATE UNIVERSITY

Transaction Date Time:

Report Date Time:

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By** 

25

CTW/<sub>1</sub> CRESELDA DUMAGUING UY

Analyst

Approved By

Head of Laboratory

02

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report