

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) CAPULLA, ROSE P. | | | AGENCY / ADDRESS VISCA, BAYBAY, LEYTE |
| ADDRESS GUADALUPE, BAYBAY CITY, LEYTE | | | |
| AGE 50 | SEX FEMALE | CIVIL STATUS MARRIED | PROPOSED POSITION ASSISTANT PROF. III |

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: Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot 158.2 | WEIGHT (KG) Stripped 59.64 | BLOOD TYPE B⁺ |
| OFFICIAL DESIGNATION | DATE EXAMINED 11/15/19 | | |

128-170/80



TH940969

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

DRUG TEST REPORT

CCF No: 201911150021
Name: CAPULLA, ROSE PASCUAL
Birthdate: 05/09/1969 Age: 50

Gender: F

Transaction Date Time: 11/15/2019 4:56:00PM
Report Date Time: 11/15/2019 4:57:01PM

Test Method TEST KIT**Purpose**

Others

Requesting Parties

VISAYAS STATE UNIVERSITY

Result

| Drug/Metabolite | Result | Remarks |
|----------------------|----------|---------|
| METHAMPHETAMINE | NEGATIVE | |
| TETRAHYDROCANNABINOL | NEGATIVE | |

Test Conducted By

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CRESELDA DUMAGUING UY

Analyst**Approved By**

DR. REYNALDO P. ESQUIVEL

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