

## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

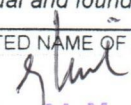
- a. This medical certificate should be accomplished by a licensed government physician.  
 b. Attach this certificate to original appointment, transfer and reemployment.  
 c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ 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>TAVERDS AGNES MORANTTE</b>			AGENCY / ADDRESS <b>CVM, VSM, Visia Baybay City, Leyte</b>
ADDRESS <b>Col. of Vet. Med., VSM, Visia, Bay</b>			
AGE <b>55</b>	SEX <b>F</b>	CIVIL STATUS <b>Widow</b>	PROPOSED POSITION <b>Prof. IV</b>

## FOR THE LICENSED GOVERNMENT PHYSICIAN

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"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>Elwin Jay V. Yu, M.D.</b> <b>Chief of Hospital</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>1.52</b>	WEIGHT (KG) Stripped <b>73</b>	BLOOD TYPE <b>O<sup>+</sup></b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>11/14/19</b>		

TM940864  
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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: 201911140003  
Name: TAVEROS, AGNES MORANTTE  
Birthdate: 05/08/1964 Age: 55 Gender: F

Transaction Date Time: 11/14/2019 9:16:00AM  
Report Date Time: 11/14/2019 9:16:58AM

Test Method TEST KIT

Purpose

Others

Result

Requesting Parties

VISAYAS STATE UNIVERSITY

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

87

*Caw U*  
CRESELDA DUMAGUING UY

Analyst

Approved By

*[Signature]*  
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*