

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)			AGENCY / ADDRESS	
DARGANTES. ANGELD D.			Department of Mechanical Engineering	
ADDRESS				
Brgy. Kilim, Baybay City				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
25	M	SINGLE	Instructor I	

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 ☐ FIT / ☐ UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
 CHRISTELLE VENUS F. ARANO, MD				
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
6156881	1.58 m	42.3 kg		
OFFICIAL DESIGNATION		DATE EXAMINED		
MEDICAL OFFICER III				



Order of St. Francis-Assistance Community Center
BONZEL DIAGNOSTIC & CLINICAL LABORATORY

A. Bonifacio St. FCIC, Baybay City, Leyte
Email: bonzelclinicallaboratory@gmail.com
Contact Nos: 520-1633 , 09943498826

PID: 100003832
Patient Name: DARGANTES, ANGELO
Age: 25 DOB: 04/29/2000
Sex: MALE
Physician:
Clinical Diagnosis:

Order No.: 5514
Source: OPD
Room No.: OPD
Date Received: 07/28/2025 03:06:40 PM
Date Checked In: 07/28/2025 03:06:53 PM
Date Released: 07/28/2025 03:08:35 PM
Date Printed: 07/28/2025 03:08:42 PM

TEST NAME	RESULT	UNIT	REFERENCE RANGES
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CLINICAL MICROSCOPY

Urinalysis

PHYSICAL EXAM

Color	DARK YELLOW
Transparency	HAZY

CHEMICAL EXAM

pH	6.0	5.5-8.0
Specific Gravity	1.020	1.005-1.030
Glucose	NEGATIVE	NEGATIVE
Protein	NEGATIVE	NEGATIVE
Leukocytes	NEGATIVE	
Blood	NEGATIVE	
Ketone	NEGATIVE	
Nitrite	NEGATIVE	
Urobilinogen	NORMAL	
Bilirubin	NEGATIVE	

MICROSCOPIC EXAM

PUS Cells	5 - 10	
Red Blood Cells	0 - 2	/hpf
Squamous epithelial	RARE	
Bacteria	FEW	NEGATIVE
Amorphous Urates	RARE	
Mucus Threads	MODERATE	NEGATIVE- RARE

Remark:
NONE

NOTE:

Verify this certificate
by scanning the QR CODE.



LYKA PO. FAUSTINO, RMT, MLS(ASCP)
License No.: 0081788
Medical Technologist

RINGO STA. ANA, RMT
License No.: 0029673
Validated By

THADDEUS C. HINUNANGAN, MD, DPSP
License No.: 0132975
Pathologist



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Physician:		Date Checked In:	07/28/2025 03:06:53 PM
Clinical Diagnosis:		Date Released:	07/28/2025 03:09:23 PM
		Date Printed:	07/28/2025 03:09:28 PM

TEST NAME	RESULT	UNIT	REFERENCE RANGES
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HEMATOLOGY

Complete Blood Count

White Blood Cell Count	5.5	$\times 10^9/L$	5.0- 10.0
Red Blood Cell Count	5.12	$\times 10^{12}/L$	4.5 - 5.5
Hemoglobin	152	g/dL	130-170
Hematocrit	0.43	%	0.40 - 0.50
Basophils		%	0 - 0.5
Neutrophils	0.60	%	0.50-0.70
Lymphocytes	0.32	%	0.22-0.40
Differential Count			
MCV	83	fL	84-96
MCH	30	pg	27 - 32
MCHC	358.0	g/dL	300 - 350
Band Neutrophils		%	0.02-0.05
Monocytes	0.05	%	0.03-0.08
Eosinophils		%	0.01 - 0.04
Platelet Count	269	$\times 10^9/L$	150 - 350

Remark:
NONE

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Order of St. Francis-Assistance Community Center Inc.

Bonzel Diagnostic and Clinical Laboratory

FCIC, Baybay City, Leyte

 osface.40@gmail.com

 053- 5201633

XRAY DEPARTMENT

XRAY # : 25

PATIENT NAME: **DARGANTES, ANGELO**

ADDRESS: **BAYBAY CITY, LEYTE**

REFERRING PHYSICIAN:

PROCEDURE: **CHEST PA**

DATE: **7.28.2025**

AGE: **25**

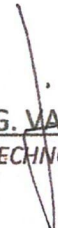
SEX: **MALE**

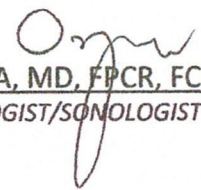
RADIOLOGIC FINDINGS

- Both lungs are clear
- The cardiac shadow is normal in size and shape
- The trachea is at the midline
- The superior mediastinum is not widened
- Aortic knob is not calcified
- Both hemidiaphragm and sharp and distinct
- Unremarkable bony structures

IMPRESSION:

- **NORMAL CHEST FINDINGS**


DARREL ERIC G. VALENZONA, RXT
X-RAY TECHNOLOGIST


RUTH A. OMEGA, MD, FPCR, FCT-MRISP
RADIOLOGIST/SONOLOGIST

Note: This report is based on the Roentgenographic Examination
And should be correlated with Roentgen Clinical and Lab Findings

THANK YOU FOR THE REFERRAL!!



QM932900

85

DEPARTMENT OF HEALTH
ORDER OF ST. FRANCIS - ASSISTANCE COMMUNITY CENTER INC.
A. BONIFACIO ST., FCIC, ZONE 1, BAYBAY CITY, LEYTE

Phone Number 520-1633

DRUG TEST REPORT

CCF No: 202507280003
Name: DARGANTES, ANGELO DALISAY
Birthdate: 04/29/2000 Age: 25 Gender: M

Transaction Date Time: 7/28/2025 2:51:00PM
Report Date Time: 7/28/2025 2:53:00PM

Test Method TEST KIT

Purpose
Government Employment

Requesting Parties
VSU

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

79

LYKA POINASTINO

Analyst

Approved By

DR. THADDEUS CASUSLA HINUNANGAN 67

Head of Laboratory

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