

**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
ACOB, JOEL REY UGANG			VISAYAS STATE UNIVERSITY
ADDRESS			USCA, CM OF BAYAN, LEYTE
WORLD VIEW, LINAO, ORMOG CM			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
31	M	SINGLE	Asst Prof 2

**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:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 <b>Elwin Jay V. Yu, M.D.</b> Chief of Hospital License No. 098800			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	175 cm	72 kg	O+
OFFICIAL DESIGNATION	DATE EXAMINED		
	11/20/19		

11-20/19



RH941588

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**DEPARTMENT OF HEALTH  
TNB DRUG TESTING DIAGNOSTIC LABORATORY  
AUNUBING COGON, COGON COMBADO, ORMOC CITY, LEYTE**

Phone Number (053) 8323123

**DRUG TEST REPORT**

CCF No: 201902040005

Name: ACOB, JOEL REY U

Birthdate: 05/15/1988 Age: 30

Gender: M

Transaction Date Time: 2/4/2019 9:41:00AM

Report Date Time: 2/4/2019 9:45:44AM

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

Government Employment

**Requesting Parties****Result**

<i>Drug/Metabolite</i>	<i>Result</i>	<i>Remarks</i>
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

**Test Conducted By**

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DIANNE GRACE NUNEZ RADEN

**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*