

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
NÚÑEZ, LILIAN BANDOLA			VSU, Visca, Baybay City, Leyte 6521-A
ADDRESS			
823 GABAS, BAYBAY CITY, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
35	Female	MARRIED	Assoe. Professor 5

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	
 Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	185.5cm	68.5kg	O
OFFICIAL DESIGNATION	DATE EXAMINED		
	11/26/19		

RP 110/70

TM900364
45

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

DRUG TEST REPORT

CCF No: 201911260001
Name: NUÑEZ, LILIAN B.
Birthdate: 01/03/1964 Age: 55 Gender: F

Transaction Date Time: 11/26/2019 10:18:00AM
Report Date Time: 11/26/2019 10:19:38AM

Test Method TEST KIT**Purpose**
Others**Requesting Parties**
VISAYAS STATE UNIVERSITY**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

25 *Cawb*
CRESELDA DUMAGUING UY

Analyst**Approved By**

[Signature]
DR. REYNALDO P. ESQUIVEL 62
Head of Laboratory

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