

**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>GUARTE, ALAN MASION</b>			AGENCY / ADDRESS <b>VISCA BAYBAY CITY LEYTE</b>
ADDRESS <b>STA. CRUZ BAYBAY CITY LEYTE</b>			
AGE <b>45</b>	SEX <b>M</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>WELDER II</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 <u>him/her</u> 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>MERRY CHRISTL T. SUPNET-GUINOCOR, M.D.</b> Medical Officer III License No. 111828		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>162.5</b>	WEIGHT (KG) Stripped <b>81 kg</b>	BLOOD TYPE <b>O+</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>2-20-2021</b>		

bp  
120/80



SM961774

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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: 202003040004

Name: GUARTE, ALAN M.

Birthdate: 07/17/1974 Age: 45

Gender: M

Transaction Date Time: 3/4/2020 2:03:00PM

Report Date Time: 3/4/2020 2:05:29PM

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

Others

**Requesting Parties**

VISAYAS STATE UNIVERSITY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	passed
TETRAHYDROCANNABINOL	NEGATIVE	passed

**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*