

**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>AURE, MA. RACHEL KIM LOCAYON</b>			AGENCY / ADDRESS <b>VSU, BAYBAY CITY, LGTE</b>
ADDRESS <b>APT. 66 KILBOURNE DRIVE, VSU, BAYBAY CITY</b>			
AGE <b>38</b>	SEX <b>F</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>ASSOCIATE PROFESSOR I</b>

**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: <b>Elwin Jay V. Yu, M.D.</b> Chief of Hospital License No. 098800		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE 	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>156 CM</b>	WEIGHT (KG) Stripped <b>85.1 kg</b>	BLOOD TYPE <b>"AB+"</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>NOVEMBER 19, 2019</b>		

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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: 201911180015  
Name: AURE, MA RACHEL KIM L.  
Birthdate: 08/30/1981 Age: 38

Gender: F

Transaction Date Time: 11/18/2019 12:02:00PM  
Report Date Time: 11/18/2019 12:03:01PM

**Test Method** TEST KIT

**Purpose**  
Others

**Requesting Parties**  
VISAYAS STATE UNIVERSITY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By**

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*Cawh*  
CRESELDA DUMAGUING UY

**Analyst**

**Approved By**

*[Signature]*  
DR. REYNALDO P. ESQUIVEL

**Head of Laboratory**

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**Valid Within 12 Month/s from Transaction Date**

*This is a DOH-DDB IDTOMIS generated report*