

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

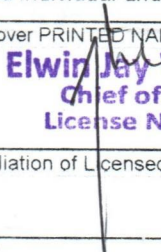
- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☐ 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 |
| Lubrio, Sheena Mae Pasana | | | DLABS, Visayas State University, Baybay City |
| ADDRESS | | | |
| no de Diciembre St., Baybay City | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 33 | F | Married | Asst. Professor 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 <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment. | | | |
| 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 |
| | 182 | 57 | A ⁺ |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| | 11/18/19 | | |



RK941886

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DEPARTMENT OF HEALTH
HCL HEALTH CHECK LABORATORY
ML QUEZON ST., ZONE 11, BAYBAY CITY, LEYTE

Phone Number 053-563-7432

DRUG TEST REPORT

CCF No: 201911180005
Name: LUBRIO, SHEENA MAE PASANA
Birthdate: 05/18/1986 Age: 33 Gender: F

Transaction Date Time: 11/18/2019 12:19:00PM
Report Date Time: 11/18/2019 12:20:38PM

Test Method TEST KIT

Purpose

Others

Result

Requesting Parties

JOB PROMOTION

| Drug/Metabolite | Result | Remarks |
|----------------------|----------|---------|
| METHAMPHETAMINE | NEGATIVE | PASSED |
| TETRAHYDROCANNABINOL | NEGATIVE | PASSED |

Test Conducted By

Approved By

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LYKA FAUSTINO

Analyst

DR. JOAN C. TIU-AYUSON

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Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report