

## 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>PALEN, MAY ANN ESTOY</b>			AGENCY / ADDRESS <b>VISAYAS STATE UNIVERSITY</b>
ADDRESS <b>GUADALUPE, DAYDAY CITY, LEYTE</b>			<b>VISCA, DAYDAY CITY, LEYTE</b>
AGE <b>30</b>	SEX <b>F</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>INSTRUCTOR 3</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 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: <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>187 -</b>	WEIGHT (KG) Stripped <b>51.34</b>	BLOOD TYPE <b>A+</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>11/14/16</b>		

b7c 100/70



RH940289

46

DEPARTMENT OF HEALTH  
CDU DRUG TESTING LABORATORY  
MAGSAYSAY AVE., POBLACION ZONE 22, BAYBAY, LEYTE,

Phone Number 053-335-2849

**DRUG TEST REPORT**

CCF No: 201911150015  
Name: PALEN, MAY ANN ESTOY  
Birthdate: 05/02/1989 Age: 30

Gender: F

Transaction Date Time: 11/15/2019 2:28:00PM  
Report Date Time: 11/15/2019 2:29:38PM

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

Others

**Requesting Parties**

VISAYAS STATE UNIVERSITY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By**

55

CRESELDA DUMAGUING UY

**Analyst****Approved By**

DR. REYNALDO P. ESQUIVEL

75

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