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 (NY ON ONT)

Drug Test ☐ Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	e, First Name, Name Extension	AGENCY / ADDRESS		
MANADI	ONG, MAURE	N J67 F.		
ADDRESS				
ZONEI	, CONADALUPE	, BAYBAY CITY , LEYTE		
AOF	SEX	CIVIL STATUS	PROPOSED POSITION	
AGE		OTAL OTATION	FROPOSED POSITION	

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT F	YSICIAN: OTHER INFORMATION ABOUT PROPOSED APPOINTEE	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:					
LICENSE NO.	The second of the second state of the second s	OOD			
MERRY CHRIST'L T. SUPNET GHINOCOR M	1.50 57.5 kgs "81),			
OFFICIAL DESIGNATION Medical Officer III	DATE EXAMINED				

BLOOD PRESCURE 90/60

4-14-21

Banini 21 W Ce



Republic of the Philippines TACLOBAN CITY HOSPITAL City of Tacloban



Med. Cert. No. 21-03-265

March 29,2021

MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that MANADONG, MAUREN JOY F., 29years old, from BRGY.99 DIIT, TACLOBAN CITY was examined in this hospital on March 29,2021

FINDINGS: G2P1(1001) PU 27 2/7 WEEKS AGE OF GESTATION BY LAST MENSTRUAL PERIOD, CEPHALIC, NOT IN LABOR

This certification is given for whatever purpose it may serve except for medico legal use

JOY CARMEL C. ROSETE, M.D.

Attending Physician Lic. #: 0150113



TACLOBAN CITY HOSPITAL City of tacloban

Name MANAD	MANADONG, MAUREEN JOY				
Age/Sex 29/F					
Physician:					
WARD	OPD	NP			
	HEMATOLOGY				
TEST			NORMAL VALUES		
WBC	9.3		$5 - 10 \times 10^9 / L$		
HEMOGLOBIN	146		F= 120 - 140 g/L		
		-	M= 130 - 160 g/L		
HEMATOCRIT	0.44		F= .30 - 0.40		
			M= .4247		
SEGMENTERS	0.61	_	0.55 - 0.60		
LYMPHOCYTES	0.32	200	0.20 - 0.35		
EOSINOPHILS			0.01 - 0.04		
BASOPHILS			0.00 - 0.01		
MONOCYTES	0.07	_	0.03 - 0.06		
STAB			0.02 - 0.04		
PLATELET Count			150 - 450 x 10 ⁹ /L		
BLOOD TYPE	'B" Rh POSITIVE	-			
	94055		12/8/2020		
MEDTE	CH		DATE		

Cleocita Parilla-Portula, FPSP



DEPARTMENT OF HEALTH NAHAW NEURO-PSYCHIATRIC & DRUG TESTING

#63 J. ROMUALDEZ ST., TACLOBAN CITY, LEYTE

Phone Number 053-523-9665

DRUG TEST REPORT

QQ982591 79

CCF No:

202104070002

Transaction Date Time:

Report Date Time:

4/7/2021 11:53:00AM

Name: Birthdate:

MANADONG, MAUREN JOY FALLER 09/25/1991

Age: 29

Gender: F

4/7/2021 11:55:37AM

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

VIVIANE O. CALBITAZA

DR JOSE TRANI SANTIAGO

06

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Analyst

Approved By ANTIAG

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report