

**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) <i>Oclinaia, Avelina</i>			AGENCY / ADDRESS <i>VSU</i>
ADDRESS <i>61 R. Magarayat St. Bulya, City</i>			<i>Visca Bulya City</i>
AGE <i>54</i>	SEX <i>F</i>	CIVIL STATUS <i>Married</i>	PROPOSED POSITION <i>Asst Prof. 2</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"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>[Signature]</i> <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 <i>1.70</i>	WEIGHT (KG) Stripped <i>65kg</i>	BLOOD TYPE "A+" <i>A+</i>
OFFICIAL DESIGNATION	DATE EXAMINED <i>11/15/19</i>		

*DP-100*  
*Jo*



TL932965

86

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: 201911160003  
Name: OCLINARIA, AVELINA VILLACORTE  
Birthdate: 04/29/1965 Age: 54 Gender: F

Transaction Date Time: 11/16/2019 1:49:00PM  
Report Date Time: 11/16/2019 1:50:38PM

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

Private Employment

**Requesting Parties****Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

**Test Conducted By**

09

LYKA FAUSTINO

Analyst

**Approved By**

DR. JOAN C. TILAYUSON

70

Head of Laboratory

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