

**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>Molina, Ris Menoel Roman</b>			AGENCY / ADDRESS <b>DBS, VM, Baybay City, Leyte</b>
ADDRESS <b># 305 6th del Pilar St., Baybay City, Leyte</b>			
AGE <b>31</b>	SEX <b>M</b>	CIVIL STATUS <b>Married</b>	PROPOSED POSITION <b>Ins III</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 type="checkbox"/>FIT / <input type="checkbox"/>UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>MERRY CHRISTL T. SUPNET-SANOCOR, M.D.</b> Medical Officer III License No. 111828		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>1.59</b>	WEIGHT (KG) Stripped <b>59.6</b>	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED <b>11-14-11</b>		

BP=110/60  
mm Hg

IO



RI000188

59

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

Phone Number 053-335-2849

**DRUG TEST REPORT**

CCF No: 201911140020

Name: MODINA, RIS MENOEL R.

Birthdate: 11/01/1988 Age: 31

Gender: M

Transaction Date Time: 11/14/2019 2:57:00PM

Report Date Time: 11/14/2019 2:59:22PM

Test Method TEST KIT

Purpose

Others

Result

Requesting Parties

VISAYAS STATE UNIVERSITY

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

*Cowh*

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CRESELDA DUMAGUING UY

Analyst

Approved By

DR. REYNALDO P. ESQUIVEL

02

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report