

MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS

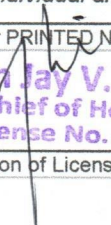

- a. This medical certificate should be accomplished by a licensed government physician.
b. Attach this certificate to original appointment, transfer and reemployment.
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☐ 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 |
| VILLABER, RONALD ARLET PATERIZ | | | VISAYAS STATE UNIVERSITY |
| ADDRESS BRGY. STO. ROSARIO, BAYBAY CUNY, LOYTE | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 29 | M | SINGLE | |

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 checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i> | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government Physician: | |  | |
| | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | 5'8 | 109 | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| | 11/19/17 | | |



QQ911990

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

Phone Number 053-335-2849

DRUG TEST REPORT

CCF No: 201911190012
Name: VILLABER, RONALD ARLET PATERIZ
Birthdate: 02/19/1990 Age: 29 Gender: M

Transaction Date Time: 11/19/2019 3:29:00PM

Report Date Time: 11/19/2019 3:37:02PM

Test Method TEST KIT**Purpose**

Others

Result**Requesting Parties**

VISAYAS STATE UNIVERSITY

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

Test Conducted By

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Canh
CRESELDA DUMAGUING UY**Analyst****Approved By**

DR. REYNALDO P. ESQUIVEL

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