

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:

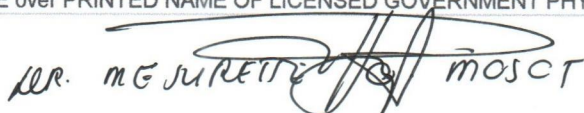
- ☒ Blood Test
☒ Urinalysis
☒ Chest X-Ray
☒ Drug Test
☐ Psychological Test
☒ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
ASALDO, HAZELLE VILLA			Visayas State University Visca, Baybay City, 6521 Leyte
ADDRESS			
Veloso St. Barangay San Roque, Sogod, Southern Leyte			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
50	F	M	Board Secretary V

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 ☒ FIT / ☐ UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 DR. MG JURET			
AGENCY/Affiliation of Licensed Government Physician:			
LGU - SOGOD			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
013 9912	1.53	75	O
OFFICIAL DESIGNATION	DATE EXAMINED		
municipal government assistant department head	4/18/24		

Notes:
 Elwin Cortes
 Jan V. Y
 5/3/24

DEPARTMENT OF HEALTH
DIVINE RAYS DIAGNOSTIC AND MEDICAL CENTER
OSMENA ST., SOGOD, SOUTHERN LEYTE

Phone Number 09179069427

DRUG TEST REPORT



TH930374
56

CCF No: 202404110002
Name: ASALDO, HAZELLE VILLA
Birthdate: 04/03/1974 Age: 50

Gender: F

Transaction Date Time: 4/11/2024 10:23:00AM
Report Date Time: 4/11/2024 11:24:05AM

Test Method TEST KIT

Purpose
Government Employment
Result

Requesting Parties
VISAYAS STATE UNIVERSITY

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

Approved By

56 MAYBELYN BARCOS MAGLAJOS

DR. JENNIFER DUCUSIN ABIERAS 75

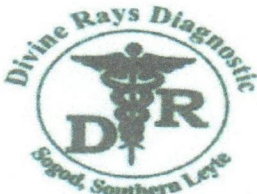
Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

X-RAY* ULTRASOUND* ECG* LABORATORY* DRUG TEST* MEDICAL CLINIC* MEDICAL MOBILE SERVICE



DIVINE RAYS DIAGNOSTIC & MEDICAL CENTER

Osmena street, Zone II Sogod,
6066 Southern Leyte, Philippines
Cel # 09273854846

HEMATOLOGY

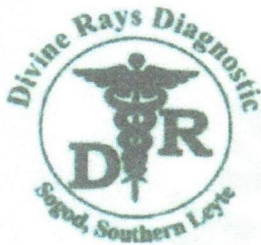
NAME: ASALDO, HAZELLE AGE: 50 SEX: Female DATE: 4/11/2024
ADDRESS: COMPANY/PHYSICIAN

		RESULT	REFERENCE VALUES
HEMOGLOBIN		146	(M) 140 – 180 ; (F) 120 – 160 ; (C) 110 – 150 ; (NEONATE) 170-200 g/L
HEMATOCRIT		0.44	(M) 0.42 – 0.54; (F) 0.37 – 0.48 ; (C) 0.36 – 0.48 ; (NEONATE) 0.53- 0.65
MCV		87.5 fL	(ADULT) 82 -100 ; (C) 73 - 87 ; (NEONATE) 70-87 fL
MCH		23.2 pg	(ADULT) 27 - 37 ; (C) 26 - 32 ; (NEONATE) 26- 32 pg
MCHC		265 g/L	(ADULT) 316- 354 ; (C) 320 - 360 ; (NEONATE) 320- 360 g/L
WBC COUNT		8.3 x 10 ⁹ /L	(ADULT) 3.50 - 9.50 ; (C) 5-12 ; (NEONATE) 12-20 x 10 ⁹ /L
WBC DIFFERENTIAL COUNT	GRAN%	51.9 %	(ADULT) 40-75 ; (C) 50-70 ; (NEONATE) 50-70%
	LYMP%	41.0 %	(ADULT) 20-50 ; (C) 20-40 ; (NEONATE) 20-40%
	MID%	7.1 %	(ADULT) 3-10 ; (C) 1-15 ; (NEONATE) 1-15 %
RBC COUNT		4.88 x 10 ¹² /L	(M) 4.3-5.8 ; (F) 3.8-5.1 ; (C) 4-6 ; (NEONATE) 6-7x10 ¹² /L
PLATELET		368 x 10 ⁹ /L	(ADULT) 150-450 ; (C) 100-300 ; (NEONATE) 100-300 x 10 ⁹ /L
ESR		mm/hr	(M) 0 - 10 ; (F) 0-20 mm/hr
CLOTTING		3 - 7 minutes	
BLEEDING		1 - 5 minutes	
ABO/RhTYP			

JENNIFER D. ABIERAS, MD, DPSP
Pathologist (Lic # 0085469)

MAYBELYN B. MAGLAJOS, RMT
Medical Technologist (Lic. #0105018)

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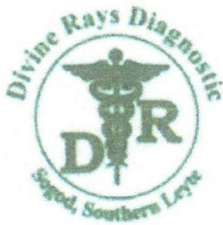
URINALYSIS

Name:	ASALDO, HAZELLE	Age:	50	Sex:	Female	Date:	4/11/2024
Address:	Company/Physician:						
Color	Yellow	Epithelial Cells:	Some				
Transparency	Hazy	Bacteria:	Some				
pH	5.0	A. Urates:	Few				
Specific Gravity	1.010	Mucus Threads:	Rare				
Albumin	Negative (-)	Crystals:					
Sugar	Negative (-)	Casts:					
Pus Cells	2-5/HPF	Others:					
Red Blood Cells	0-2/HPF	Pregnancy Test:					

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DIVINE RAYS DIAGNOSTIC & MEDICAL CENTER

Osmena Street, Zone II Sogod

6606 Southern Leyte, Philippines

Contact No: 09273854846

CASE NO. 1551- 2024 OR NO: _____ DATE APR. 11, 2024
NAME ASALDO, HAZELLE V. AGE 50 SEX FEMALE
ADDRESS SOGOD, SOUTHERN LEYTE
X-RAY EXAMINATION CHEST X-RAY PA VIEW PHYSICIAN _____
COMPANY VSU

RADIOGRAPHIC REPORT

Clear lung field with normal hilar vessels
and mediastinum. Heart is not enlarged.
Thoracic cage, diaphragm and costophrenic
sulci are unremarkable.

IMPRESSION: NORMAL CHEST FINDINGS

ARNEL P. SYDIONGCO, MD, FPCR
License No. 0069040



Radiologist/Sonologist

**“Clinical correlation is suggested.”
Thank you for referring.**

X- RAY - ULTRASOUND- ECG- LABORATORY - DRUG TEST - MEDICAL CLINIC - MEDICAL MOBILE SERVICE

ASAI.DO, HAZELLE V.

F

50Y

DX017491

DIVINE RAYS DIAGNOSTIC AND MEDICAL CENTER

Mag=0.78

2024-04-11

9:39:18

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