

## 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>ROLA, JUDE B</b>			AGENCY / ADDRESS <b>VSU</b>
ADDRESS <b>APT. 20, VSU</b>			
AGE <b>41</b>	SEX <b>M</b>	CIVIL STATUS <b>M</b>	PROPOSED POSITION <b>ASSOC. PROF I</b>

## 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"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <b>Elwin [Signature], M.D.</b> License No. 098800		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>172</b>	WEIGHT (KG) Stripped <b>77.5</b>	BLOOD TYPE <b>O</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>11/15/14</b>		

11-110  
80

TO



SI092678  
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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: 201911140034

Name: ROLA, JUDE B.

Birthdate: 10/26/1978 Age: 41

Gender: M

Transaction Date Time: 11/14/2019 4:53:00PM

Report Date Time: 11/14/2019 4:54:27PM

**Test Method** TEST KIT

**Purpose**

Others

**Requesting Parties**

VISAYAS STATE UNIVERSITY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By**

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*Caul*  
CRESELDA DUMAGUING UY

**Analyst**

**Approved By**

*Reynaldo P. Esquivel*  
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*