OFFICIAL DESIGNATION

## 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 VISAYAS STATE UNIVERSIT PRIVE, YSU, BOMBON AGE PROPOSED POSITION MARRIED 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 \( \subseteq FIT / \( \subseteq UNFIT \) for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Medical Office License No. 1118 AGENCY/Affiliation of Licensed Government Physician: LICENSE NO BLOOD HEIGHT (M) WEIGHT (KG) Bare Foot Stripped 185 cm 30.2 hgs

DATE EXAMINED

100/40 munites

11/14/2019 4:38:00PM

11/14/2019 4:39:08PM



## DEPARTMENT OF HEALTH **CDU DRUG TESTING LABORATORY**

MAGSAYSAY AVE., POBLACION ZONE 22, BAYBAY, LEYTE,

Phone Number 053-335-2849

## DRUG TEST REPORT

QQ923090 36

CCF No:

201911140033

Name: Birthdate:

EBIT, J-ANNIE GONZALES 03/30/1990

Age: 29

Gender: F

**Test Method** 

**TEST KIT** 

Purpose

Others

Result

Requesting Parties

VISAYAS STATE UNIVERSITY

Transaction Date Time:

Report Date Time:

Drug/Metabolite	Result	Remarks	
METHAMPHETAMINE	NEGATIVE		
TETRAHYDROCANNABINOL	NEGATIVE		

**Test Conducted By** 

84

Canb CRESELDA DUMAGUING UY

Analyst

O P. ESQUIVEL

78

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report