LICENSE NO.

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)		
INSTRUCTIONS		
a. This medical certificate should be accomplished by a lice b. Attach this certificate to original appointment, transfer an c. The results of the following pre-employment medical/phy must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	d reemployment.	
FOR THE PROPOSED API	POINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS	
ADDRESS DE VEURA	VSU	
Apt. 27 Estrourne St. USU, USCA		
CIVIL STATOS	PROPOSED POSITION	
42 male married	tsch. Prof N	
FOR THE LICENSED GOVERNME	ENT PHYSICIAN	
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination results, personally examined the	
SIGNATURE over PRINTEDNAME OF LICENSED GOVERNMENT PHYSICIAN: Elvin Jay V. Yu, M.D. Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCIA: Administration of Licensed Government Physician:	10	

HEIGHT (M) Bare Foot

DATE EXAMINED

HIC.

WEIGHT (KG) Stripped

80.74

DYP

BLOOD

TYPE "



DEPARTMENT OF HEALTH **HCL HEALTH CHECK LABORATORY** ML QUEZON ST., ZONE 11, BAYBAY CITY, LEYTE

Phone Number 053-563-7432

DRUG TEST REPORT

SJ001177 35

CCF No:

201911150006

Transaction Date Time:

Report Date Time:

11/15/2019 3:51:00PM

Name: Birthdate: COME, WARREN DE VEYRA 11/11/1977

Age: 42

Gender: M

11/15/2019 3:52:42PM

Test Method

TEST KIT

Purpose

Requesting Parties

Private Employment

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

Approved By

84

DR. JOAN C. TIU-AYUSON

68

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report