

**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>MAZO, ANKLYN MENDOZA</b>		AGENCY / ADDRESS <b>VISAYAS STATE UNIVERSITY</b>	
ADDRESS <b>Duplex H<sub>2</sub>, VSU</b>			
AGE <b>46</b>	SEX <b>F</b>	CIVIL STATUS <b>Married</b>	PROPOSED POSITION <b>Assoc. Prof. 5</b>

**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: <b>MERRY CHRIST'L T. SUPNA-GUINOCOR, M.D.</b> Medical Officer III License No. 111828		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>157</b>	WEIGHT (KG) Stripped <b>61.5</b>	BLOOD TYPE <b>B<sup>+</sup> 110/70 mm</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>11-14-19</b>		



SN902473

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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: 201911140013

Name: MAZO, ANALYN M.

Birthdate: 01/24/1973 Age: 46

Gender: F

Transaction Date Time: 11/14/2019 2:04:00PM

Report Date Time: 11/14/2019 2:06:19PM

**Test Method** TEST KIT**Purpose**

Others

**Requesting Parties**

VISAYAS STATE UNIVERSITY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By**24 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*