MEDICAL CERTIFICATE

(For Employment)

| 1 | IN | 15 | T | R | 11 | CI | ГΙ | 0 | N | S |
|---|----|----|---|---|----|----|----|---|---|---|
| | | | | | | | | | | |

- 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
 - 1 Urinalysis
 - Chest X-Ray

 - Drug Test
 Psychological Test
 - ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

| NAME (Last Name, F | irst Name, Name E | AGENCY / ADDRESS | |
|--------------------|-------------------|-------------------------|-------------------------|
| Villoci | no, Jan | Visagno Pate University | |
| ADDRESS | | Banban City, Leuto | |
| APT 18 | y VSU | | Bayban CHy, leyto |
| AGE SEX C | | CIVIL STATUS | PROPOSED POSITION |
| 57 | M | Married | Arocia fe Professor III |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin /a / V. Yu, M.D. Church of Hospital | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | |
|---|--|-------------------------|---------------|--|
| License No. 098800 | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| 1 | | | | |
| LICENSE NO . | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| | 172 | 89-34 | 0,0 | |
| OFFICIAL DESIGNATION | DATE EXAMINE | D | | |
| | | 11/15/16 | | |

11/14/2019 11:46:00AM

11/14/2019 11:47:10AM



DEPARTMENT OF HEALTH CDU DRUG TESTING LABORATORY

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

Phone Number 053-335-2849

DRUG TEST REPORT

TO092662 88

CCF No:

201911140009

Name:

VILLOCINO, SANTOS JR BERDIN

Birthdate:

10/26/1962 Age: 57

Gender: M

Test Method

TEST KIT

Purpose

....

Others

Requesting Parties

VISAYAS STATE UNIVERSITY

Transaction Date Time:

Report Date Time:

Result

| Drug/Metabolite | Result | Remarks | |
|----------------------|----------|---------|--|
| METHAMPHETAMINE | NEGATIVE | | |
| TETRAHYDROCANNABINOL | NEGATIVE | | |

Test Conducted By

69

CRESELDA DUMAGUING UY

Analyst

Approved By

DR REYNALDO P. ESQUIVEL

96

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report