

## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

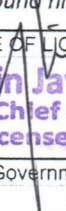

- a. This medical certificate should be accomplished by a licensed government physician.  
 b. Attach this certificate to original appointment, transfer and reemployment.  
 c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ 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
RAMONEDA, BRENDA M			VISAYAS STATE UNIVERSITY
ADDRESS STA. CRUZ BAYBAY, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
55	F	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 <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 <b>Elwin Jay V. Yu, M.D.</b> Chief of Hospital License No. 098800			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	149cm	59kg	
OFFICIAL DESIGNATION	DATE EXAMINED		
	19/11/19		

BP-110/60

AA



TM910764

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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: 201911190007  
Name: RAMONEDA, BRENDA MASCARIÑAS  
Birthdate: 02/07/1964 Age: 55 Gender: F

Transaction Date Time: 11/19/2019 11:33:00AM  
Report Date Time: 11/19/2019 11:34:32AM

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

Others

**Result****Requesting Parties**

VISAYAS STATE UNIVERSITY

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By**

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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*