

**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) <i>Arpocely, Dahlia Rado</i>			AGENCY / ADDRESS <i>D CE, VSU / Villa Baybay City, Leyte</i>
ADDRESS <i>Brgy. Guadalupe, Baybay City, Leyte</i>			
AGE <i>50</i>	SEX <i>Female</i>	CIVIL STATUS <i>Married</i>	PROPOSED POSITION <i>Admin. Aids II</i>

**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:  <i>MERRY CHRIST'L T. SUPNET-QUINOCOR, M.D.</i> <b>Medical Officer III</b> <b>License No. 111828</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <i>1.524</i>	WEIGHT (KG) Stripped <i>60 kg.</i>	BLOOD TYPE <i>O+</i>
OFFICIAL DESIGNATION	DATE EXAMINED <i>12/11/19</i>		

RP-129/10

TH952769  
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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: 201912050002  
Name: ARPOCEPLE, DAHLIA RADO  
Birthdate: 06/27/1969 Age: 50 Gender: F

Transaction Date Time: 12/5/2019 12:33:00PM  
Report Date Time: 12/5/2019 12:37:23PM

**Test Method** TEST KIT**Purpose**  
Others**Requesting Parties**  
VISAYAS STATE UNIVERSITY**Result**

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

**Head of Laboratory**

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**Valid Within 12 Month/s from Transaction Date***This is a DOH-DDB IDTOMIS generated report*