

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) FLANDEZ, ART RUSSEL REOMA			AGENCY / ADDRESS Visayas State University
ADDRESS 874-A, A. Mabini St., Baybay City			
AGE 33	SEX Male	CIVIL STATUS Single	PROPOSED POSITION Assistant Professor III

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: Elwin Y. Yu, M.D. Chief of Hospital License No. 098600		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot 187	WEIGHT (KG) Stripped 62.5	BLOOD TYPE O+
OFFICIAL DESIGNATION	DATE EXAMINED 11/14/19		

no. 125/75

II



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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: 201911150007
Name: FLANDEZ, ART RUSSEL R.
Birthdate: 12/18/1985 Age: 33

Gender: M

Transaction Date Time: 11/15/2019 11:20:00AM

Report Date Time: 11/15/2019 11:21:05AM

Test Method TEST KIT

Purpose

Others

Requesting Parties

VISAYAS STATE UNIVERSITY

Result

<i>Drug/Metabolite</i>	<i>Result</i>	<i>Remarks</i>
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

27

Cawh
CRESELDA DUMAGUING UY

Analyst

Approved By

Reynaldo P. Esquivel
DR. REYNALDO P. ESQUIVEL

02

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report