

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointments and reinstatements.

NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY/ADDRESS
VILLAS, MICHAEL CARLO CATCHAKRO			DEPARTMENT OF LIBRARIES AND DOCUMENTATION STATE UNIVERSITY, BAGUIO CITY
ADDRESS			PROPOSED POSITION
BLK. 13, LOT 25, BARAS, PAO, WHITE			ASSISTANT PROFESSOR
AGE	SEX	CIVIL STATUS	
34	MALE	SINGLE	

1. Blood Test
2. Urinalysis
3. Chest X-Ray
4. Drug Test
5. Neuro-Psychiatric Examination (if necessary)

I hereby certify that I have personally examined the above named individual and found her/him to be physically and medically fit/unfit for employment.

PRINTED NAME	SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER
RICHARD R. JARVIS MD	<i>[Signature]</i>	157832
OFFICIAL DESIGNATION		
MENTAL SPECIALIST II		
AGENCY		
UPHS U-P. Div AC		

**OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE**

HEIGHT (Bare feet)	WEIGHT (Stripped)	BLOOD Type
5'4"	72	A+
DATE EXAMINED		
NOV. 18, 2019		



RL960285

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**DEPARTMENT OF HEALTH  
THE MEDICAL CITY - CAINTA CLINIC**

2/F ROBINSONS PLACE CAINTA, CAINTA JUNCTION, CAINTA, RIZAL

Phone Number 656-0957

**DRUG TEST REPORT**

CCF No: 201911160001

Name: VILLAS, MICHAEL CARLO CATCHARRO

Birthdate: 07/02/1985 Age: 34 Gender: M

Transaction Date Time: 11/16/2019 11:37:00AM

Report Date Time: 11/16/2019 11:38:33PM

Test Method TEST KIT

Purpose

Others

Result

Requesting Parties

VISAYAS STATE UNIVERSITY

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

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IRISH CLAUDETTE R. JIMENEZ

Analyst

Approved By

DR. MELANI H SIONZON

Head of Laboratory

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Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report