

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>Valenzona Divina Luchavez</i>			AGENCY / ADDRESS <i>VSU</i>
ADDRESS <i>Apt. 19 VSU VIZCA</i>			
AGE <i>34</i>	SEX <i>F</i>	CIVIL STATUS <i>M</i>	PROPOSED POSITION <i>Asst. prof-1</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>Elwin Jay V. Yu, M.D.</i> Chief of Hospital License No. 098800		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <i>181</i>	WEIGHT (KG) Stripped <i>71.6</i>	BLOOD TYPE <i>A</i>
OFFICIAL DESIGNATION	DATE EXAMINED <i>11/14/19</i>		

bp-100
70

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RL911585
85

DEPARTMENT OF HEALTH
CDU DRUG TESTING LABORATORY
MAGSAYSAY AVE., POBLACION ZONE 22, BAYBAY, LEYTE,

Phone Number 053-335-2849

DRUG TEST REPORT

CCF No: 201911150019
Name: VALENZONA, DIVINA L.
Birthdate: 02/15/1985 Age: 34

Gender: F

Transaction Date Time: 11/15/2019 3:48:00PM

Report Date Time: 11/15/2019 3:50:18PM

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

Head of Laboratory

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