

**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) <b>RAMAL ALLAN ABENDIA</b>			AGENCY / ADDRESS <b>VSU, Baybay City, Leyte</b>
ADDRESS <b>Matinao, Mahaplag, Leyte</b>			
AGE <b>48</b>	SEX <b>Male</b>	CIVIL STATUS <b>Single</b>	PROPOSED POSITION <b>Associate Prof. V</b>

**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: <b>Elwin Jay V. Yu, M.D.</b> <b>Chief of Hospital</b> <b>License No. 098800</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE 	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>166 -</b>	WEIGHT (KG) Stripped <b>106.4</b>	BLOOD TYPE <b>"A"</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>11/18/16</b>		

bp-1460  
90

SP962271  
44

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

Phone Number 053-335-2849

**DRUG TEST REPORT**

CCF No: 201911190006  
Name: RAMAL, ALLAN ABENOJA  
Birthdate: 07/22/1971 Age: 48

Gender: M

Transaction Date Time: 11/19/2019 11:35:00AM  
Report Date Time: 11/19/2019 11:36:50AM

**Test Method** TEST KIT

**Purpose**  
Others

**Requesting Parties**  
VISAYAS STATE UNIVERSITY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By**

75

CRESELDA DUMAGUING UY

**Analyst****Approved By**

DR. REYNALDO P. ESQUIVEL

57

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