CS Form No	. 211
Revised 2018	

ADDRESS

MEDICAL CERTIFICATE (For Employment)

IN	STF	R U C	TI	ON	S

- 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)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Almoroda Fedilito Monatal

FOR THE PROPOSED APPOINTEE

R. Par.	GIVE ROLLING.	Ocupocay City, Level			
AGE	SEX	CIVIL STATUS	PRO	POSED POS	SITION
55	M	Married	Admin	Aide	I
	FOR THE	LICENSED GOVERNMEN	NT PHYSIC	IAN	

AGENCY / ADDRESS

TYPE At

ITEEM

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	, ,		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
Wan-	PROPOSED APPOINTEE		
Christèlle Vénus / Cápuno, M.D. Lic. No. 9456881			
AGENCY/Affiliation of Licensed Government Physician:			

Lic. No. 6 156881	
AGENCY/Affiliation of Licensed Government Physician:	
House less.	

Lic. No. <u>G4</u> 55881	ā .		
AGENCY/Affiliation of Licensed Government Physician:			
USHER VSU			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD

KIG.	Bare Foot	Stripped
0156881	55.2	1.08
OFFICIAL DESIGNATION	DATE EXAMINED	Ò
4 4		

OFFICIAL DESIGNATION	DATE EXAMINED
Medical Officer 111	9 August 2024



(Neuro Psychiatric Test) Ormoc City (053-832-3123)

Date: 08/08/2024

URPOSE OF EXAMINATION:EMPLOYMEN AME:ALMERODA, FEDILITO MANATAD OME ADDRESS:BAYBAY CITY	Δ	.ge: 55	SEX:MC.	S: MARRIE
DUCATIONAL ATTAINMENT: COLLEGE LEVEL URPOSE/ DATE OF PREVIOUS NP EXAMINATION	1			
	•			
ACTORS	ABSENT	LOW	AVERAGE	HIGH
NTELLIGENCE				
Capacity for AbstractionOrganizational Capacity			×	
Learning Activities			×	
. Alertness			×	
ANNER OF COMMINICATION PREFERRED				
MANNER OF COMMUNICATION PREFERRED Verbal				
Non-Verbal			×	
MOTIONAL STABILITY				
Coping with StressControl of Aggressive hostile impulse			× ×	
B. Free from neuro tendencies			×	
/ALUES				***************************************
L. Positive			×	
2. Negative				
EDUCATION: Relevant Training			×	
EXPERIENCE: Security Training				
Handling Guns				
Others:				
MOTIVATION: Security Reasons				
Self-esteem / confidence			×	
Others:				
SOCIAL ADAPTABILITY:			- V	
I. With people in general			X	
2. With peers			X	
3. With supervisor			×	
4. With subordinates				
WORK ATTITUDES:			×	
1. Responsibility			×	
2. Loyalty			×	
3. Perseverance			*	
4. Initiative				
EMARKS				
sychological: No gross psychological abnormality Negative psychiatric disorder.				

RECOMMENDATION

FOR FIREARMS LICENCE

Not recommended

Recommended for possession Recommended permit to carry

Needs training on handling to carry

LYN L. VERONA, MD Psychiatrist / NP Screener Accreditation / PRC No. 80515

FOR SECURITY GUARDS/OTHERS

X Recommended with

Recommended risk

Not recommended

Needs training