

MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS

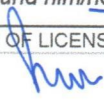
- a. This medical certificate should be accomplished by a licensed government physician.
b. Attach this certificate to original appointment, transfer and reemployment.
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ 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)			AGENCY / ADDRESS
JAGONOS, LIZA ANN C.			VISCA, BAYBAY CITY
ADDRESS			
BRGY. COGON, BAYBAY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
35	FEMALE	MARRIED	ADMIN. AIDE III

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:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
	9-23-21		

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

Date: 9/17/2021

PURPOSE OF EXAMINATION: EMPLOYMENT

1. NAME: JAGONOS, LIZA ANN C. Age: 35 C.S: SINGLE

HOME ADDRESS: BAYBAY CITY , LEYTE

EDUCATIONAL ATTAINMENT: COLLEGE GRADUATE

PURPOSE/ DATE OF PREVIOUS NP EXAMINATION _____

FACTORS	ABSENT	LOW	AVERAGE	HIGH
INTELLIGENCE				
1. Capacity for Abstraction				X
2. Organizational Capacity				X
3. Learning Activities				X
4. Alertness				X
MANNER OF COMMUNICATION PREFERRED				
1. Verbal			X	
2. Non-Verbal			X	
EMOTIONAL STABILITY				
1. Coping with Stress			X	
2. Control of Aggressive hostile impulse			X	
3. Free from neuro tendencies			X	
VALUES				
1. Positive _____			X	
2. Negative _____			X	
EDUCATION: Relevant Training			X	
EXPERIENCE: Security Training				
Handling Guns				
Others: _____				
MOTIVATION: Security Reasons			X	
Self-esteem / confidence				
Others: _____				
SOCIAL ADAPTABILITY:				
1. With people in general				X
2. With peers				X
3. With supervisor				X
4. With subordinates				X
WORK ATTITUDES:				
1. Responsibility				X
2. Loyalty				X
3. Perseverance				X
4. Initiative				X

REMARKS

Psychological: No gross psychological abnormality
Neuro Psychiatric Negative psychiatric disorder.

RECOMMENDATION

FOR FIREARMS LICENCE

- ☐ Recommended for possession
☐ Recommended permit to carry
☐ Needs training on handling to carry
☐ Not recommended

FOR SECURITY GUARDS/OTHERS

- ☒ Recommended with
☐ Recommended risk
☐ Needs training
☐ Not recommended



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