

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
Dagohay, Deyenah Dawn, Tolibas			Department of Civil Engineering
ADDRESS			
Triana, Limasawa, Southern Leyte			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
23	Female	Single	Instructor 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:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 CHRISTINE VENUS F. KAPUNO M.D.			
AGENCY/Affiliation of Licensed Government Physician:			
VSU HOSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0556881	159	43.65	
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer III	7 21 25		

PD
10/7/20

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

Date: 07/29/2025


PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: DAGOHOY, DEVENAH DAWN T. **Age** 23 **SEX:** SINGLE
HOME ADDRESS: LIMASAWA S. 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				
VALUES				
1. Positive			x	
2. Negative			x	
EDUCATION: Relevant Training			x	
EXPERIENCE: Security Training				
Handling Guns				
Others:				
MOTIVATION: Security Reasons				
Self-esteem / confidence			x	
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
 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