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

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

AGAD MODELIE LEAM

Drug Test

☐ Psychological Test

Neuro-Psychiatric Examination (if applicable)

ACADA LACA

medical officer III

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

11- 11-202y

ADDRESS	NOREVE DEAN	UNIVERSITY (VSU)			
BRGY. ST	A · CRUZ, BAYE				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
29	FEMALE	MARRIED	SCIENCE RESEARCH ASSISTANT		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically &						
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T. SUPNET-GUINO OR M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE					
AGENCY/Affiliation of Licensed Government Physician:						
you Hopifal						
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	by -	100/0	10
11878	149	(2).	"At"		1	Section Section
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED				



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

Date: 11/07/2024

URPOSE OF EXAMINATION: AME: OME ADDRESS OF EXAMINATION: BAYBAY CITY I FYTE		Age:	SEX: F	S:
DUCATIONAL ATTAINMENT: CITY, LEYTE URPOSE/ DATE OF PREVIOUS NP EXAMINATION	E			
FACTORS	ABSENT	LOW	AVERAGE	HIGH
INTELLIGENCE				
1. Capacity for Abstraction			×	
 Organizational Capacity Learning Activities 			*	
4. Alertness			×	
MANNER OF COMMUNICATION PREFERRED				
1. Verbal 2. Non-Verbal			X	
Z. NOII-VEIDAL			X	
EMOTIONAL STABILITY				
1. Coping with Stress			×	
 Control of Aggressive hostile impulse Free from neuro tendencies 			X	
3. Free from neuro tendencies			*	
VALUES				
1. Positive			×	
2. Negative			Х	
TRUE ATION BY LAND TO A TO				
EDUCATION: Relevant Training EXPERIENCE: Security Training			×	
Handling Guns				
Others:				
MOTIVATION: Security Reasons			-	
Self-esteem / confidence Others:			X	
Others.				
SOCIAL ADAPTABILITY:				
1. With people in general			X	
 With peers With supervisor 			×	
4. With subordinates			×	
WORK ATTITUDES:				
1. Responsibility			×	
2. Loyalty 3. Perseverance			×	
4. Initiative			×	
iii iiiidare				

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