

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) LAGUE, MA. NELIA NAVARRO			AGENCY / ADDRESS VSU
ADDRESS SITIO TAB-ANG, KUM, BAYBAY CITY			
AGE 25	SEX FEMALE	CIVIL STATUS SINGLE	PROPOSED POSITION 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:  Christelle Venus F. Capung, M.D. Lic. No. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: VSU Hospital			
LICENSE NO. 0156881	HEIGHT (M) Bare Foot 156	WEIGHT (KG) Stripped 78	BLOOD TYPE O+
OFFICIAL DESIGNATION medical officer ty		DATE EXAMINED	

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

Date: 08/08/2024

PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: LAGUE, MA. NELIA NAVARRO Age: 25 SEX: F C.S: SINGLE
HOME ADDRESS: BAYBAY CITY
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
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