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
Description

Medical Officer III

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			
DUMAGUNG DANILO GULA			
	1/5()		
BRGY- PALHI BAYBAY CITY			
VIL STATUS	PROPOSED POSITION		
M	INTERNAL AUDITOR 1		
	ULA CITY VIL STATUS		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically &					
SIGNATURE over PRINTED NAME OF LICENSED COVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:					
USV Hospital					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE		
111 € 28	154	63	Bt		
OFFICIAL DESIGNATION	DATE EXAMINED				

12/7



DIVINE RAYS DIAGNOSTIC & MEDICAL SUPPLIES

DR Bldg., Avenida Veteranos Street, Tacloban City, 6500 Leyte Philippines Tel# 053 523 1138

					75	Date:	10-21-20	24			
Last Name			FIRST NAME			M.I.	Intended	Occup	ation		
DUM	AGUING			DANILO	202	G					
CIVIL STATUS	AGE	SEX			AD	DRESS					
MARRIED	54	MALE			BAYBAY	CITY, L	LEYTE				
EDUCATIONAL AT	TAINMEN	T: COLL	EGE GRA	DUATE							
PURPOSE OF EXA	MINATION	: EMPL	OYMENT	Γ							
Tests Administer	ed:										
Personality	Test	GPP	test Others Aut			Autob	obiography/Interview				
Makes inconstruction Responsibility (R)	Traits and e in group ed & Asser dependent o	tive decisions	eristic	1 X X X	2		3		4		
	b assigned ng & deterr lied upon						X X X				
 Emotional Stabilition Well balant Emotiona Tolerance Relaxed 	nced individ	dual			X X X						
	e & work w is and socia / Remarks	ible			XX						
X Recor	nmended w	ith no signifi	cant manife	estation of perso	onality distu	ırbance n	oted at the ti	me of ev	aluation		
				ner evaluation							

Note: Descriptive rating

1 High Average

2 Average

3 Below Average

4 Low

Coglo Rev

ZAIDA Q. LADRERA Test Administrator Psychametrician
PRC NO. 0012077