

## 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) <b>MOJINA, JOELINA BAGARINAD</b>			AGENCY / ADDRESS <b>VSU- PLANNING OFFICE</b>
ADDRESS <b>ORANOC CAY</b>			
AGE <b>43</b>	SEX <b>FEMALE</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>PLANNING OFFICER II</b>

## FOR THE LICENSED GOVERNMENT PHYSICIAN

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.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <b>MERRY CHRISTIL SUPPET - GUIDON, M.D.</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>111828</b>			
LICENSE NO. <b>MEDICAL OFFICER II</b>	HEIGHT (M) Bare Foot <b>1.482</b>	WEIGHT (KG) Stripped <b>51</b>	BLOOD TYPE <b>O</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>2-26-25</b>		



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

Date: 02/07/2025

PURPOSE OF EXAMINATION: EMPLOYMENT

NAME: MOLINA, EDELINA BAGARINAO Age: 43 SEX: F C.S: MARRIED

HOME ADDRESS: ORMOC 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  
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





SK011181

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DEPARTMENT OF HEALTH  
TNB DRUG TESTING DIAGNOSTIC LABORATORY  
AUNUBING STREET, COGON COMBADO, ORMOC CITY, LEYTE 6541

Phone Number (053)832-3123

**DRUG TEST REPORT**

CCF No: 202502060035

Name: MOLINA, EDELINA BAGARINAO

Birthdate: 12/11/1981 Age: 43 Gender: F

Transaction Date Time: 2/6/2025 2:16:00PM

Report Date Time: 2/6/2025 2:24:18PM

Test Method TEST KIT

**Purpose**

Government Employment

**Requesting Parties****Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

96 MELISSA ROSE VILLAHERMOSA EMPLEO

Analyst

Approved By

DR. JENNIFER DUCUSIN ABIERAS

Head of Laboratory

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Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report