



DIVINE RAYS DIAGNOSTIC & MEDICAL SUPPLIES

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

AUGUST 07, 2023

DATE

PURPOSE OF EXAMINATION: **FOR EMPLOYMENT**
NAME: **CABASE, MICHELLE AUBREY D.** AGE/SEX: **28/F**
HOME ADDRESS: **BAYBAY CITY, LEYTE** C.S.: **MARRIED**
EDUCATIONAL ATTAINMENT: **MS IN AGRICULTURAL ECONOMICS** CONTACT#: _____
PURPOSE/DATE OF PREVIOUS NP EXAMINATION: _____

FACTORS	ABSENT	LOW	AVERAGE	HIGH
INTELLIGENCE				
1. CAPACITY FOR ABSTRACTION			X	
2. ORGANIZATIONAL CAPACITY			X	
3. LEARNING ABILITY			X	
4. ALERTNESS			X	
MANNER OF COMMUNICATION PREFERRED				
1. VERBAL			X	
2. NON VERBAL				
EMOTIONAL STABILITY				
1. COPING WITH STRESS			X	
2. CONTROL OF AGGRESSIVE HOSTILE IMPULSE			X	
3. FREE FROM NEUROTIC TENDENCIES			X	
VALUES				
1. POSITIVE: _____			X	
2. NEGATIVE: _____			X	
EDUCATION: RELEVANT TRAINING				
EXPERIENCE: SECURITY TRAINING				
HANDLING GUNG				
OTHERS: _____				
MOTIVATION: SECURITY REASONS				X
SELF-ESTEEM/CONFIDENCE				X
OTHERS: _____				
SOCIAL ADAPTABILITY				
1. WITH PEOPLE IN GENERAL			X	
2. WITH PEERS			X	
3. WITH SUPERVISORS			X	
4. WITH SUBORDINATES			X	
WORK ATTITUDES				
1. RESPONSIBILITY			X	
2. LOYALTY			X	
3. PERSERVERANCE			X	
4. INITIATIVE			X	
REMARKS:				

Psychological: No gross psychological abnormality

Neuro Psychiatric: Negative for psychiatric disorder

RECOMMENDATION:

FOR FIREARMS LICENSE

<input type="checkbox"/>	Recommended for possession only
<input type="checkbox"/>	Recommended permit to carry
<input type="checkbox"/>	Needs training on handling guns
<input type="checkbox"/>	Not recommended

FOR SECURITY GUARDS/OTHERS

<input checked="" type="checkbox"/>	Recommended with
<input type="checkbox"/>	Recommended risk
<input type="checkbox"/>	Needs training
<input type="checkbox"/>	Not Recommended

LYN L. VERONA, MD, MHA
Psychiatrist / NP Screener
Accreditation / PRC No. 8004

"Clinical correlation is suggested."

Thank you for referring.