

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)			AGENCY / ADDRESS
Timkang, Rubio Buendia			VSCU, Baybay City, Leyte
ADDRESS			
Brgy Bagong Lipunan, Maratomb, Leyte			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	Male	Single	Administrative Aide III

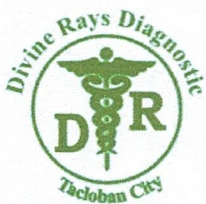
FOR THE LICENSED GOVERNMENT PHYSICIAN

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 ☒ FIT / ☐ UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
 Christelle Yarus F. Capang, M.D. License No. 156881				
AGENCY/Affiliation of Licensed Government Physician:				
VSCU Hospital				
LICENSE NO:	156881	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
		166	52	
OFFICIAL DESIGNATION		DATE EXAMINED		
Medical Officer III		1-6-25		

HP 1/7/25



**DIVINE RAYS DIAGNOSTIC & MEDICAL SUPPLIES**

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

JANUARY 3, 2025

DATE

PURPOSE OF EXAMINATION: **FOR EMPLOYMENT**NAME **TIMKANG, RUBIO B.**AGE/SEX: **26/M**HOME ADDRESS **BRGY. BAGONG LIPUNAN, LEYTE**C.S.: **SINGLE**EDUCATIONAL ATTAINMENT: **COLLEGE GRADUATE**CONTACT# **09612403737**

PURPOSE/DATE OF PREVIOUS NP EXAMINATION:

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

Psychological: No gross psychological abnormality

Neuro Psychiatric: Negative for psychiatric disorder

**RECOMMENDATION:****FOR FIREARMS LICENSE**

- ☐ Recommended for possession only  
☐ Recommended permit to carry  
☐ Needs training on handling guns  
☐ Not recommended

**FOR SECURITY GUARDS/OTHERS**

- ☒ Recommended with  
☐ Recommended risk  
☐ Needs training  
☐ Not Recommended

LYN L. VERONA, MD, MHA

Psychiatrist / NP Screener

Accreditation / PRC No. 8200**"Clinical correlation is suggested."****Thank you for referring.**