CS Form No.	211
Pavisad 2019	

## MEDICAL CERTIFICATE

(For Employment)

INI	C	r D	11	CT	10	NI (	ľ

- 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

VAME (Last Name, F	First Name, Name Extension (	if any) and Middle Name)	AGENCY / ADDRESS
compendio	, tarlin	Jecel 2.	VSU, Brgy. Pangasugan.
ADDRESS Bray: Man	cos. Bay bau	y Gly , Layte	Baybay City, layte
Digg. IIIwii	ws, pay - qu	1 -(10) 1 -60 1/1	9
AGE	SEX	CIVIL STATUS	PROPOSED POSITION

I hereby certify that I have reviewed and evaluated the attached exa	
above named individual and found him/her to be physically and medically.	IT / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
	PROPOSED APPOINTEE

		100			
MEXCRY	comist'L	SUPNET -	641NOCON	M.D.	

SUPNET -	641NOCON	, M.D.	
ernment Physician	1:		

MEXCRY	comist L	SUPNET -	641NOCON	, W.D.
AGENCY/Affiliation	of Licensed Gov	vernment Physicia	an:	

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and the second second				-75,000

Trysic	lall.			


HEIGHT (M)	T

Bare Foot

1.50 DATE EXAMINED

WEIGHT (KG)
Stripped

BLOOD TYPE

	-	 	-	-	-
LICENSE NO					

MEDICAL

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N/ Stray	-4,5-0	Final contin		Maria	

0+

OFFICIAL DESIGNATION

OPPIGER III

11-11-24



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

Date: 11/09/2024

PURPOSE OF EXAMINATION: EMPLOYMENT NAME: COMPENDIO, ZARLIN JECEL ZARATE	Age:	34 CEV.	 C C. CINCLE
LICHE TO THE PROPERTY OF THE P	Age	34_3EA	 C.S: <u>SINGLE</u>
EDUCATIONAL ATTAINMENT: COLLEGE GRADUATE			
PURPOSE/ DATE OF PREVIOUS NP EXAMINATION			

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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 withRecommended risk

\_\_Needs training

\_Not recommended

LYN L. VERONA, MD Psychiatrist / NP Screener Accreditation / PRC No. 80515