

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) <i>Donayre, Jerlyn, Maarat</i>			AGENCY / ADDRESS <i>Visayas State University</i>
ADDRESS <i>Zone</i> <i>Zone 23, Barbar City, Leyte</i>			
AGE <i>33</i>	SEX <i>Female</i>	CIVIL STATUS <i>Single</i>	PROPOSED POSITION <i>Administrative Aide VI (Clerk III)</i>

FOR THE LICENSED GOVERNMENT PHYSICIAN

<i>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.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>Chen</i> CHRISTELLE VENUS F. DAPUND, M.D. MEDICAL OFFICER III LICENSE NO. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>VSU Hospital</i>			
LICENSE NO. <i>0156881</i>	HEIGHT (M) Bare Foot <i>1.56</i>	WEIGHT (KG) Stripped <i>80</i>	BLOOD TYPE <i>O</i>
OFFICIAL DESIGNATION <i>medical officer III</i>	DATE EXAMINED <i>31 July 2025</i>		

BP- 110
70

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

Date: 07/30/2025

PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: DONAYRE, JERLYN M. Age: 33 SEX: F SINGLE
HOME ADDRESS: BAYBAY LEYTE
EDUCATIONAL ATTAINMENT: COLLEGE LEVEL
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				
VALUES				
1. Positive			x	
2. Negative				
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**