## MEDICAL CERTIFICATE

(For Employment)

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- a. This medical certificate should be accomplished by a licensed government or private physician. b. Attach this certificate to original appointment, transfer, and reemployment.
- c. The results of the following pre-employment medical/physical/psychological examinations must be attached to this form:

Blood Test

Urinalysis Chest X-Ray

> Drug Test Psychological Examination

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

## NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

PEPERE	illop whit i					
ADDRESS			V (V			
pryy	Tabun ok , Hilo	njos, hyte	·			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION			
24	mak	Single	temporary - Regular			

## FOR THE LICENSED GOVERNMENT OR PRIVATE 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 Ligensed Government or Private Physician: OTHER INFORMATION ABOUT THE

MERRY (HRISTII, SUPNEI-6 NOCOR, M.D. Medical Officer VII License No. 111828 AGENCY/Affiliation of the Licensed Government or Private Physician:

HEIGHT (M)

Bare Foot

1.61

DATE EXAMINED

WEIGHT (KG) Stripped

62

PROPOSED APPOINTEE

AGENCY / ADDRESS

TYPE 'Ami

BLOOD

OFFICIAL DESIGNATION

LICENSE NO.

medical officer III

111828

10-14-75



## **DIVINE RAYS DIAGNOSTIC & MEDICAL SUPPLIES**

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

		AUGUST 22, 2025 DATE				
PURPOSE OF EXAMINATION:			D	AIL		
NAME	FOR EMPLOYMENT		ACE/CEV.			
	PEDERE, ROD MARK N.		AGE/SEX:	24/M		
HOME ADDRESS	TABUNOK, HILONGOS, LEYTE		C.S.:	SINGLE		
EDUCATIONAL ATTAINMENT:	MaEd		CONTACT#	09099420152		
PURPOSE/DATE OF PREVIOUS	NP EXAMINATION:					
FACTORS		ABSENT	LOW	AVERAGE	HIGH	
INTELLIGENCE	CTION					
1. CAPACITY FOR ABSTRA				X		
2. ORGANIZATIONAL CAP	ACITY			X		
3. LEARNING ABILITY				X		
4. ALERTNESS				X		
MANNER OF COMMUNICATION	N PREFERRED	1 22				
1. VERBAL		1000		X		
2. NON VERBAL						
EMOTIONAL STABILITY						
1. COPING WITH STRESS				X		
2. CONTROL OF AGGRESS				X		
3. FREE FROM NEUROTIC	TENDENCIES			X		
VALUES						
1. POSITIVE:				X		
2. NEGATIVE:				X		
EDUCATION:RELEVANT TRAINI						
EXPERIENCE: SECURITY TRAI	NING					
HANDLING GUI	NG					
OTHERS:			Winds of			
MOTIVATION: SECURITY REAS	SONS				X	
SELF-ESTEEM/C	CONFIDENCE				X	
OTHERS:					A	
SOCIAL ADAPTABILITY						
<ol> <li>WITH PEOPLE IN GENEI</li> </ol>	RAL		9 (0.716)	X		
2. WITH PEERS				V		
3. WITH SUPERVISORS				X		
4. WITH SUBORDINATES				X		
WORK ATTITUDES				A		
1. RESPONSIBILITY				N7.		
2. LOYALTY				X		
3. PERSERVERANCE				X		
4. INITIATIVE				X		
REMARKS:				X		
	sychological abnormality					
	ive for psychiatric disorder					
RECOMMENDATION:	1-7					

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. 800

"Clinical correlation is suggested."

Thank you for referring.