

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
ESCAGINAS, GILLY MAE SURABIA			VISAYAS STATE UNIVERSITY
ADDRESS			PANGASUGAN, BAYBAY CITY, LEYTE
BRGY. MAGLUG, BAYBAY CITY, LEYTE			(ACCOUNTING OFFICE)
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
28	FEMALE	SINGLE	ADMIN 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 <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
NISTELLE VENUS F. CAPUNO, M.D. MEDICAL OFFICER III LICENSE NO. 0156881			
AGENCY/Affiliation of Licensed Government Physician:			
18th Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0156881	1.54	52.45 kg	B+
OFFICIAL DESIGNATION	DATE EXAMINED		
MEDICAL OFFICER III	6/4/2025		

BP 90/60 mmHg

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

Date: 05/28/2025

PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: ESCASINAS, GILLY MAE SURABIA **Age:** 28 **SEX:** F **C.S:** SINGLE
HOME ADDRESS: BAYBAY CITY
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			x	
VALUES				
1. Positive			x	
2. Negative			x	
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:				x
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**