

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS


- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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 |
| ORBE , JEROME , CAÑON | | | VISAYAS STATE UNIVERSITY |
| ADDRESS | | | Baybay City, Leyte |
| Brgy. Marcos, Baybay City, Leyte | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 28 | MALE SINGLE | SINGLE | Science Research Assistant |

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 | |
| ELWIN JAY V. YU, MD, MPH. Chief of Hospital I License No. 003800 | |  | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| VISAYAS STATE UNIVERSITY HOSPITAL | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| 098600 | 173 M | 81.4 KG | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| CHIEF OF HOSPITAL I | 5/26/25 | | |

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

Date: 05/22/2025

PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: ORBE , JEROME C. 28 Age: M SEX: SINGLE C.S:
HOME ADDRESS:
EDUCATIONAL ATTAINMENT: COLLEGE GRADUATE
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 | | | | |


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**