

MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS

- 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)			AGENCY / ADDRESS
BULAWAN, JONALYN A.			Department of Meteorology
ADDRESS			
BRGY. PATAG, BAYDAY CITY, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
39	Female	Married	Admin Aide <u>II</u>

FOR THE LICENSED GOVERNMENT OR PRIVATE 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 or Private Physician:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
CHRISTINE VENUS F. CAPUNO M.D.			
AGENCY/Affiliation of the Licensed Government or Private Physician:			
VSV HOSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
015681	151	50	O+
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical OFFICER III	9-8-25		

PD
10/7/25

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

Date: 09/04/2025


PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: BULAWAN, JONALYN ALKUINO **Age:** 39 **SEX:** F **C.S:** MARRIED
HOME ADDRESS: BAYBAY CITY
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				
2. With peers			x	
3. With supervisor			x	
4. With subordinates			x	
WORK ATTITUDES:				
1. Responsibility				
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