

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
LESIDAN, EMMANUEL PADERES			VSU
ADDRESS			
MARCOS DAYPAJ CITY, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
39	M	MARRIED	ADMINISTRATIVE AIDE 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:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
Christelle Venus F. Capono, M.D. License No. 156881			
AGENCY/Affiliation of Licensed Government Physician:			
VSU Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
156881	165	62	"Ab"
OFFICIAL DESIGNATION	DATE EXAMINED		
medical officer IV	11-14-2024		

mp- 120
80



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

Date: 11/13/2024


PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: LESIDAN, EMMANUEL PADERES Age: 39 SEX: M C.S: MARRIED
HOME ADDRESS: BAYBAY CITY, LEYTE
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				
Self-esteem / confidence			X	
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
____ X Recommended with
____ Recommended risk
____ Needs training
____ Not recommended


LYN L. VERONA, MD
Psychiatrist / NP Screener
Accreditation / PRC No. **80515**