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/ ${\bf psychological}$ must be attached to this form:

☑ Blood Test

Urinalysis

Chest X-Ray Cilio (22)
Drug Test

☐ Psychological Test

✓ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Extension (if	AGENCY / ADDRESS		
VEGH	A MARIA L	LILIA PABON		
ADDRESS		VSU - ODBA		
BRGY. S	TA . CRUZ F	BAYBAY CITY	7071	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
55	FEMALE	MARRIED	ADMIN AIDE IT	

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	
0123 12)	1.568 m	64-8 kg	"A+ "	
OFFICIAL DESIGNATION	DATE EXAMINED			
medical opher 11	3-22-22			

Class C: Hypertension - Controlled.



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

Date: 3/21/2022

PURPOSE OF EXAMINATION: EMPLO	YMENT						
IAME: VEGA, MARIA LILIA P. AGE: 54 SEX: F STATUS: MARRIED							
HOME ADDRESS: BAYBAY CITYLEYTE							
EDUCATIONAL ATTAINMENT: COLLEGE GRA	DUATE						
PURPOSE/ DATE OF PREVIOUS NP EXAMINATION_							
FACTORS	ABSENT	LOW	AVERAGE	HIGH			
INTELLIGENCE							
Capacity for Abstraction			X				
2. Organizational Capacity		***************************************	X				
3. Learning Activities			X				
4. Alertness			X				
MANINER OF COMMUNICATION PREFERRED							
MANNER OF COMMUNICATION PREFERRED 1. Verbal							
2. Non-Verbal			Х				
2. Non verbat			X				
EMOTIONAL STABILITY				······································			
Coping with Stress			X				
Control of Aggressive hostile impulse			X				
Free from neuro tendencies			X				
VALUES							
1. Positive 2. Negative			X				
Z. Negative			^				
EDUCATION: Relevant Training			X				
EXPERIENCE: Security Training							
Handling Guns							
Others:							
MOTIVATION: Security Reasons			X				
Self-esteem / confidence			^				
Others:							
SOCIAL ADAPTABILITY:							
With people in general			X				
2. With peers			X				
3. With supervisor			X	~~~			
4. With subordinates			^				
WORK ATTITUDES:							
1. Responsibility				X			
2. Loyalty				X			
3. Perseverance				X			
4. Initiative				^			

REMARKS

Psychological: No gross psychological abnormality

Neuro Psychiatric Negative psychiatric disorder.

RECOMMENDATION FOR FIREARMS LICENCE Recommended for possession Recommended permit to carry Needs trainingon handling to carry Not recommended FOR SECURITY GUARDS/OTHERS Recommended with Recommended risk Needs training Not recommended

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