

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)

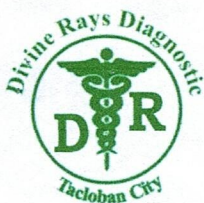
FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
CAVITE, NEIL MICHAEL MOLATO			VISAYAS STATE UNIVERSITY
ADDRESS			
BONTOC HINDANG LEXTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
25	MALE	SINGLE	INSTRUCTOR I

FOR THE LICENSED GOVERNMENT OR PRIVATE 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 ☒ FIT / ☐ UNFIT for employment.

SIGNATURE over PRINTED NAME of Licensed Government or Private Physician:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
Dr. Edwin Jay V. Yu			
AGENCY/Affiliation of the Licensed Government or Private Physician:			
Vsu Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
098800	1.60	59	O ⁺
OFFICIAL DESIGNATION	DATE EXAMINED		
Chief of Hospital			



DIVINE RAYS DIAGNOSTIC & MEDICAL SUPPLIES

DR Bldg., Avenida Veteranos Street,
Tacloban City, 6500 Leyte Philippines
Tel# 053 523 1138

AUGUST 22, 2025

DATE

PURPOSE OF EXAMINATION:

FOR EMPLOYMENT

NAME

CAVITE, NEIL MICHAEL M.

AGE/SEX:

25/M

HOME ADDRESS

BONTOC, HINDANG, LEYTE

C.S.:

SINGLE

EDUCATIONAL ATTAINMENT:

COLLEGE GRADUATE

CONTACT#

09480360804

PURPOSE/DATE OF PREVIOUS NP EXAMINATION:

FACTORS	ABSENT	LOW	AVERAGE	HIGH
INTELLIGENCE				
1. CAPACITY FOR ABSTRACTION			X	
2. ORGANIZATIONAL CAPACITY			X	
3. LEARNING ABILITY			X	
4. ALERTNESS			X	
MANNER OF COMMUNICATION PREFERRED				
1. VERBAL			X	
2. NON VERBAL				
EMOTIONAL STABILITY				
1. COPING WITH STRESS			X	
2. CONTROL OF AGGRESSIVE HOSTILE IMPULSE			X	
3. FREE FROM NEUROTIC TENDENCIES			X	
VALUES				
1. POSITIVE:			X	
2. NEGATIVE:			X	
EDUCATION:RELEVANT TRAINING				
EXPERIENCE: SECURITY TRAINING				
HANDLING GUNG				
OTHERS:				
MOTIVATION: SECURITY REASONS				X
SELF-ESTEEM/CONFIDENCE				X
OTHERS:				
SOCIAL ADAPTABILITY				
1. WITH PEOPLE IN GENERAL			X	
2. WITH PEERS			X	
3. WITH SUPERVISORS			X	
4. WITH SUBORDINATES			X	
WORK ATTITUDES				
1. RESPONSIBILITY			X	
2. LOYALTY			X	
3. PERSERVERANCE			X	
4. INITIATIVE			X	
REMARKS:				

Psychological: No gross psychological abnormality

Neuro Psychiatric: Negative for psychiatric disorder

RECOMMENDATION:

FOR FIREARMS LICENSE

☐

Recommended for possession only

☐

Recommended permit to carry

☐

Needs training on handling guns☐

FOR SECURITY GUARDS/OTHERS

☒

Recommended with

☐

Recommended risk☐☐

LYN L. VERONA, MD, MHA

Psychiatrist / NP Screener

Accreditation / PRC No. 86515

“Clinical correlation is suggested.”
Thank you for referring.