

MEDICAL CERTIFICATE  
(For Employment)

INSTRUCTIONS

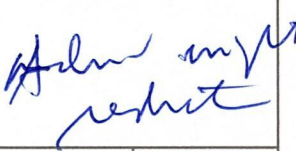
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ 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
LOR, ROLANDO JR. URGEL			DEPARTMENT OF
ADDRESS			CIVIL ENGINEERING
BRGY. MANA-UL, HILONGOS, LETE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	M	SINGLE	TEMPORARY REGULAR

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. 098800			
AGENCY/Affiliation of Licensed Government Physician:			
KOU			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
098800	168cm	89.9kg	
OFFICIAL DESIGNATION		DATE EXAMINED	
Chief of Hospital I		2/2/25	

3/p-110/20

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

Date: 01/23/2025


**PURPOSE OF EXAMINATION:** EMPLOYMENT  
**NAME:** LOR, ROLANDO JR. URGEL **Age:** 26 **SEX:** M **C.S:** SINGLE  
**HOME ADDRESS:** HILONGOS, LEYTE  
**EDUCATIONAL ATTAINMENT:** COLLEGE GRADUATE  
**PURPOSE/ DATE OF PREVIOUS NP EXAMINATION** \_\_\_\_\_

FACTORS	ABSENT	LOW	AVERAGE	HIGH
<b>INTELLIGENCE</b>				
1. Capacity for Abstraction			X	
2. Organizational Capacity			x	
3. Learning Activities			x	
4. Alertness			X	
<b>MANNER OF COMMUNICATION PREFERRED</b>				
1. Verbal			X	
2. Non-Verbal			X	
<b>EMOTIONAL STABILITY</b>				
1. Coping with Stress			X	
2. Control of Aggressive hostile impulse			X	
3. Free from neuro tendencies			X	
<b>VALUES</b>				
1. Positive			X	
2. Negative			x	
<del>EDUCATION: Relevant Training</del>			X	
EXPERIENCE: Security Training				
Handling Guns				
Others:				
<b>MOTIVATION: Security Reasons</b>			X	
<del>Self-esteem / confidence</del>				
Others:				
<b>SOCIAL ADAPTABILITY:</b>				
1. With people in general			X	
2. With peers			X	
3. With supervisor			X	
4. With subordinates			X	
<b>WORK ATTITUDES:</b>				
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**  
☒ Recommended with  
☐ Recommended risk  
☐ Needs training  
☐ Not recommended

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