

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
DAMICOG, MARIANNE, LINGANAY			DEPT. OF CIVIL ENGINEERING
ADDRESS			
TANUD, MOPACAN, UEXTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	FEMALE	SINGLE	INSTRUCTOR I

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	
Christelle Venus F. Capuno, M.D. Lic. No. 0156881			
AGENCY/Affiliation of Licensed Government Physician:			
USU HOSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0156881	164	72	O+
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer III	1-23-25		

on 1-23-25

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

Date: 01/21/2025

**PURPOSE OF EXAMINATION:** \_\_\_\_\_ **EMPLOYMENT** \_\_\_\_\_  
**NAME:** DAMICOG, MARIANNE L. **AGE:** 27 **SEX:** F **STATUS:** SINGLE  
**HOME ADDRESS:** INOPACAN 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				
<b>EMOTIONAL STABILITY</b>				
1. Coping with Stress			x	
2. Control of Aggressive hostile impulse			x	
3. Free from neuro tendencies				
<b>VALUES</b>				
1. Positive			x	
2. Negative			x	
<b>EDUCATION: Relevant Training</b>				
<b>EXPERIENCE: Security Training</b>				
Handling Guns				
Others:				
<b>MOTIVATION: Security Reasons</b>			x	
Self-esteem / confidence				
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  
Neuro Psychiatric 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