

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
MANINGO, RIZA MAE, LUCAÑAS			VSU
ADDRESS			
BRGY. MARCOS, BATBAY CITY, LATE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
34	FEMALE	MARRIED	INFORMATION OFFICER 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 VENIG, D. CARRASCO, M.D. MEDICAL OFFICER LICENSE NO. 0156881			
AGENCY/Affiliation of Licensed Government Physician:			
VSU Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0156881	1.54	46.5	O+
OFFICIAL DESIGNATION	DATE EXAMINED		
medical officer III	7-4-2025		

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

Date: 07/5/2025

PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: MANINGO, RIZA MAE L. Age: 34 SEX: MARRIED
HOME ADDRESS: BAYBAY CITY
EDUCATIONAL ATTAINMENT: COLLEGE GRADUATE
PURPOSE/ DATE OF PREVIOUS NP EXAMINATION: _____

FACTORS	ABSENT	LOW	AVERAGE	HIGH
INTELLIGENCE				
1. Capacity for Abstraction			×	
2. Organizational Capacity			×	
3. Learning Activities			×	
4. Alertness			×	
MANNER OF COMMUNICATION PREFERRED				
1. Verbal			×	
2. Non-Verbal			×	
EMOTIONAL STABILITY				
1. Coping with Stress			×	
2. Control of Aggressive hostile impulse			×	
3. Free from neuro tendencies			×	
VALUES				
1. Positive			×	
2. Negative			×	
EDUCATION: Relevant Training			×	
EXPERIENCE: Security Training				
Handling Guns				
Others:			×	
MOTIVATION: Security Reasons				
Self-esteem / confidence				
Others:				
SOCIAL ADAPTABILITY:			×	
1. With people in general			×	
2. With peers			×	
3. With supervisor			×	
4. With subordinates				
WORK ATTITUDES:				
1. Responsibility			×	
2. Loyalty			×	
3. Perseverance			×	
4. Initiative			×	

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**