

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	
Nazal Vanessa Wabina			VSU	
ADDRESS				
Brgy. Bitanhan Baybay City Leyte				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
35	F	Married	Admin Aide III	

FOR THE LICENSED GOVERNMENT PHYSICIAN

<p><i>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.</i></p>				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
<p style="text-align: center;">ELWIN JAY V. YU, MD, MPH. Chief of Hospital I License No. 098800</p>				
AGENCY/Affiliation of Licensed Government Physician:			DATE EXAMINED	
VSU Hospital			2/3/25	
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped
098800			1.62	89.5 "mt"
OFFICIAL DESIGNATION			BLOOD TYPE	
mo Chief of Hospital				



Date: 01/15/2025

PURPOSE OF EXAMINATION: _____ EMPLOYMENT
NAME: NAZAL, VANESSA WABINA AGE: 35 SEX: F STATUS: MARRIED
HOME ADDRESS: BAYBAY CITY LEYTE
EDUCATIONAL ATTAINMENT: COLLEGE GRADUATE
PURPOSE/ DATE OF PREVIOUS NP EXAMINATION _____

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