

# MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS


- This medical certificate should be accomplished by a licensed government or private physician.
- Attach this certificate to original appointment, transfer, and reemployment.
- 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
GARRIDO, AYRON NIKKI MADREDIJO			VISAYAS STATE UNIVERSITY
ADDRESS ESTRELLA ST., ILIHAN, MACOTON, SOUTHERN LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	MALE	SINGLE	INSTRUCTOR I

## FOR THE LICENSED GOVERNMENT OR PRIVATE PHYSICIAN

<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>			
SIGNATURE over PRINTED NAME of Licensed Government or Private Physician:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
Elwin Jay V. Yu M.D. MPH			
AGENCY/Affiliation of the Licensed Government or Private Physician:			
Vsu Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
098800	1.69	76	"A+"
OFFICIAL DESIGNATION	DATE EXAMINED		
Chief of Hospital	8/28/25		



# 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: GARRIDO, AYRON NIKKI M. AGE/SEX: 26/M  
HOME ADDRESS: SOUTHERN LEYTE C.S.: SINGLE  
EDUCATIONAL ATTAINMENT: MASTERAL STUDIES CONTACT# 09617609156  
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  
☐ Not recommended

### FOR SECURITY GUARDS/OTHERS

- ☒ Recommended with  
☐ Recommended risk  
☐ Needs training  
☐ Not Recommended

LYN L. VERONA, MD, MHA  
Psychiatrist / NP Screener  
Accreditation / PRC No. 8205

“Clinical correlation is suggested.”

Thank you for referring.