

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS


- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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
BOLDO, JULES UEL EVAN C.			VSU, VISCA, BAYBAY CITY LEYTE
ADDRESS			
BRGY. PUNTA, ORMOC CITY, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
24	MALE	SINGLE	INSTRUCTOR I

FOR THE LICENSED GOVERNMENT 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 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:			
RICAMON STATE UNIVERSITY HOSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
098800	1.65 m	67.5 kg	
OFFICIAL DESIGNATION	DATE EXAMINED		
CHIEF OF HOSPITAL I	8 5/12/25		

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

Date: 05/10/2025

PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: BOLDO, JULES UEL EVAN CORMANEZ **Age:** 24 **SEX:** M **C.S:** SINGLE
HOME ADDRESS: ORMOC CITY
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: <u>Relevant Training</u>			X	
EXPERIENCE: <u>Security Training</u>				
<u>Handling Guns</u>				
<u>Others:</u>				
MOTIVATION: <u>Security Reasons</u>				
<u>Self-esteem / confidence</u>			X	
<u>Others:</u>				
SOCIAL ADAPTABILITY:				
1. With people in general			X	
2. With peers			X	
3. With supervisor			X	
4. With subordinates			X	
WORK ATTITUDES:				
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