

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
GARDUCE, CLAUDETTE MEL TOFF ENTERINA			OFFICE OF THE DEAN OF THE GRADUATE SCHOOL
ADDRESS MABINI ST. BREV. TOMPOAN BAYBAY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	F	SINGLE	EDUCATION RESEARCH ASSISTANT

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	
SARAH AURORA W. TABADA, M.D. Medical Officer III License No. 015347			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1.536	50	OT
OFFICIAL DESIGNATION	DATE EXAMINED		
	3/29/22		

08 90/60



TNB DRUGTESTING
DIAGNOSTIC & LABORATORY
Aunabing St. Copon Ormoc City
Tel : 255-79-76

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

Date: 3/24/2022

PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: GARDUCE, CLAUDETTE MELI HOFF E. AGE: 26 SEX: F STATUS: SINGLE
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			X	
Self-esteem / confidence				
Others: _____				
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
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**