

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
TIMBAL, MARJORIE ERAHNO			
ADDRESS			VSU / Brgy. Pangasugan, Baybay City, Leyte
MALIBAGO, SAINT BERNARD, SOUTHERN LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	FEMALE	SINGLE	Instructor I (Temporary-Regular)

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	
Christelle Venus F. Capuno, M.D. Lic. No. 0156881			
AGENCY/Affiliation of Licensed Government Physician:			
VSU Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0156881	155.7	69	O
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer III	8-27		

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11/70



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

Date: 08/23/2024

PURPOSE OF EXAMINATION: EMPLOYMENT
NAME: TIMBAL, MARJORIE ERALINO Age 26 SEX: F C.S: 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
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