

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

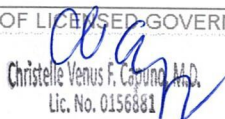
- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☒ 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 |
| Soria, Alvin E. | | | VSU |
| ADDRESS | | | |
| Brig. Marcos Baybay City Leyte | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 32 | Male | Single | Laboratory Aide I |

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 | |
|  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 | 178 | 83-8 | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| Medical Officer | 8-22-24 | | |

BP
120/80

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

Date: 08/16/2024

PURPOSE OF EXAMINATION: _____ **EMPLOYMENT** _____
NAME: SORIA, ALVIN ESTREMOS **AGE:** 32 **SEX:** M **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: | | | x | |
| 1. With people in general | | | x | |
| 2. With peers | | | x | |
| 3. With supervisor | | | x | |
| 4. With subordinates | | | | |
| 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**