S Form	No.	21	1
evised 20	18		

MEDICAL CERTIFICATE (For Employment)

NESCHIOLOGICA	A SOLD THE REAL PROPERTY.	-	NAME OF TAXABLE PARTY.	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i	60000000	NAME OF TAXABLE PARTY.	DOM:NOTION:	
	1.61	CT	-	UC	T 1	ON	0	
	1 17	2 1	K	UL	1 1	UN	3	

- 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)

Paulo, Ramonito II Melgazo

ADDRESS

Talisay Hilongos, Leyte Brgy.

CIVIL STATUS

PROPOSED POSITION

SEX AGE Male 31 Single

Administrative Assistant II

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 ⊿FIT / □UNFIT for employment.

Christelle Venue

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

F./ Capuno, M.V.

AGENCY / ADDRESS

VSU

AGENCY/Affiliation of Licensed Government Physician: Wofings 18th LICENSE NO.

HEIGHT (M) Bare Foot 1.50

WEIGHT (KG) Stripped 54.60

BLOOD

TYPE

0156881 OFFICIAL DESIGNATION

DATE EXAMINED

Medical Officer

6/10/28



DIVINE RAYS DIAGNOSTIC & MEDICAL SUPPLIES

DR Bldg., Avenida Veteranos Street, Tacloban City, 6500 Leyte Philippines Tel# 053 523 1138

MAY 29, 2025

DUDDOCE OF EVALUATION	EOD EMBI OVACENTA	DATE						
PURPOSE OF EXAMINATION: FOR EMPLOYMENT NAME PAULO, RAMONITO II M. HOME ADDRESS BRGY. TALISAY, HILONGOS, LEYTE			AGE/SEX:	20/M				
		VTF	C.S.:	30/M				
EDUCATIONAL ATTAINMENT		IIE		SINGLE 09164839498				
PURPOSE/DATE OF PREVIOU			CONTACTS	09164839498	5			
FACTORS	SINF EXAMINATION.	ABSENT	LOW	AVERAGE	HIGH			
INTELLIGENCE	And the second s	ADJENT	2011	AVEIDIGE	111011			
CAPACITY FOR ABSTF	PACTION			N/				
2. ORGANIZATIONAL CA		122		X				
	RPACITI			X				
3. LEARNING ABILITY				X				
4. ALERTNESS	ON PREFERRED			X				
MANNER OF COMMUNICATI	ON PREFERRED							
1. VERBAL				X				
2. NON VERBAL			E0082					
EMOTIONAL STABILITY								
1. COPING WITH STRESS				X				
2. CONTROL OF AGGRE	SSIVE HOSTILE IMPULSE			X				
FREE FROM NEUROT	IC TENDENCIES			X				
VALUES				1				
1. POSITIVE:				X				
2. NEGATIVE:				X				
EDUCATION:RELEVANT TRAI	NING							
EXPERIENCE: SECURITY TR	AINING							
HANDLING G	UNG		· State of					
OTHERS:								
MOTIVATION: SECURITY RE					X			
	I/CONFIDENCE				X			
· ·					21			
SOCIAL ADAPTABILITY								
WITH PEOPLE IN GEN	JEDAI	* ***	P	v				
2. WITH PEERS	VERAL			X				
				X				
3. WITH SUPERVISORS								
4. WITH SUBORDINATE	5			X				
WORK ATTITUDES								
1. RESPONSIBILITY				X				
2. LOYALTY				X				
3. PERSERVERANCE				X				
4. INITIATIVE				X				
REMARKS:								
	s psychological abnormality							
	gative for psychiatric disorder							
RECOMMENDATION:								
FOR FIREARMS LICE!				RITY GUARDS/C				
	d for possession only	X Recommended with						
Recommende	d permit to carry	carry			Recommended risk			
Needs training	g on handling guns			ds training				
Not recommended			Not Recommended					

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

"Clinical correlation is suggested."

Thank you for referring.